

TENNESSEE
DEPARTMENT OF CHILDREN'S SERVICES



Child and Family Services Review
Statewide Assessment 2002

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SECTION I. GENERAL INFORMATION

Name of State Agency		
State of Tennessee Department of Children's Services		
Period Under Review		
Federal Fiscal Year for Onsite Review Sample <u>2001</u> Period of AFCARS Data <u>2000</u> Period of NCANDS Data (or other approved source; please specify alternative data source) <u>Calendar Year 2000. Alternative Data were derived from a combination of the prior MIS and from manual counts.</u>		
Contacts		
Name:	Jules Marquart, Ph.D.	Anne L. Pruett, M.S.S.W.
Title:	Director Policy, Planning, and Research	Manager Planning and Evaluation Unit
Address:	Department of Children's Services	Department of Children's Services
	9 th Floor, Cordell Hull Building	9 th Floor, Cordell Hull Building
	436 Sixth Avenue, North	436 Sixth Avenue, North
	Nashville, TN 37243-1290	Nashville, TN 37243-1290
Phone	(615) 741-8303 Fax (615) 251-9532	(615) 532-3440 Fax (615) 251-9532
E-Mail	Jules.Marquart@state.tn.us	Anne.Pruett@state.tn.us

SECTION II. SYSTEMIC FACTORS

INTRODUCTION

The Tennessee Department of Children's Services was created in July 1996. The new department was formed from six state agencies: Human Services (child welfare programs), Youth Development (juvenile justice programs), Health, Mental Health, Education, and Finance and Administration. The purpose of the new department was to provide services to children in state custody or at risk of entering custody due to lack of an appropriate caregiver, abuse or neglect, unruly behavior, or delinquency. The mission of the department was defined in this way:

The Department of Children's Services, in cooperation with families, local communities, juvenile courts, and schools, will provide timely, appropriate, and cost-effective services for children in state custody and at risk of custody, so these children can strive to reach their full potential as productive, competent, and healthy adults.

The creation of the new department was the culmination of planning efforts begun in the early 1990s through the Children's Plan to improve coordination and delivery of services to children in the custody of four different state departments and to those at risk of entering state care. The Children's Plan was initiated in order to make Tennessee's services delivery system more family focused, community based and more responsive to the needs of individual children and families. The four goals of the Children's Plan were to reduce the number of children in out-of-home placements, provide more appropriate placements and services for children in state care or at risk of commitment, improve the management of the delivery system, and maximize the eligible federal funds available.

A number of efforts were undertaken to accomplish these four goals. Custody prevention and reunification programs, such as family preservation services, family resource centers, intensive probation services, and flexible funds for families, were expanded and/or established. Specialized residential treatment services were expanded to better serve children in custody including those needing alcohol and drug, dual diagnoses, and sexual offender treatment. A centralized intake, assessment and case management process was created through independent Assessment, Care and Coordination Teams (ACCT). ACCT teams were established through contracts with the state's Community Health Agencies (CHA), which were twelve quasi-state agencies established in statute to coordinate and develop health services. CHAs were accountable to the Commissioner of Health. In the legislation establishing the Department of Children's Services, the CHAs were renamed Community Services Agencies (CSA) and made accountable to the Commissioner of DCS.

One of the major initiatives of the Children's Plan was the pooling of the four custody departments' services dollars into one central account. This provided access of all of the state's resources to any child in state custody or at risk of custody based on the individual needs of children and their families. This also allowed for centralized processing of expenditures and funding for individual children, which was essential for claiming eligible federal entitlement funds. Specialized units were established to determine Title IV-E and Medicaid eligibility for children in state custody. The process of consolidating and standardizing residential custodial contracts along with centralized monitoring of these contracts was begun. Independent evaluation of Tennessee's children's services delivery system was initiated in 1993 through establishment of the Children's Program Outcome Review Teams (CPORT) within the Tennessee Commission on Children and Youth.

While the Children's Plan expanded services, improved funding and provided more access to services based on individual children's need regardless of the department to which they were committed, significant coordination and duplication of efforts amongst the departments and ACCTs remained to be addressed. The Department of Children's Services was established in July 1996 to further address these issues. The new department faced many challenges that were a legacy of how services previously had been organized and funded. Some of the significant challenges that had to be addressed include the following:

- Creating a new organizational structure and culture with staff from different agencies with different histories, cultures and professional orientations.
- Dealing with the imbalance in resource allocation throughout the state as separate departments had independently allocated resources, resulting in an uneven availability of services throughout the state. This imbalance established and perpetuated the pattern of placing children all over the state and out of state.
- Dealing with the rapidly rising number of children being committed to custody. The number of children in custody increased significantly throughout the mid-1990s and peaked at 11,386 at the end of the state FY95-96. The high numbers forced an emphasis on finding placements and did not allow time to plan adequately either for resource development within the service system or for permanency for individual children.
- Developing the Statewide Automated Child Welfare Information System (SACWIS) in the context of evolving policies and procedures. The new department inherited multiple, legacy management information systems, which were inadequate as the foundation upon which to build the new SACWIS. Moreover, DCS had to make use of federal funds while they were available or lose that resource, so the computer system was built while the program policies and operating procedures of the new department were still being developed.

Child Welfare Reform in Tennessee

DEVELOPMENT OF 3-YEAR PLAN WITH CHILD WELFARE LEAGUE OF AMERICA

In early 1999, the department contracted with the Child Welfare League of America (CWLA) to conduct a comprehensive, statewide assessment of its foster care and adoption programs. CWLA consultants met with state officials and representatives from statewide organizations in Nashville. A team of CWLA consultants then held individual interviews and focus groups in each region of the state in February-March 1999. Twenty-five individual interviews were held and 1155 people participated in 124 focus groups, for a total of 1180 people who were interviewed. Participants in the interviews and focus groups included:

- Children and parents receiving services
- Foster and adoptive parents
- DCS and Community Services Agency case managers, team leaders, and team coordinators.
- DCS attorneys
- DCS regional administrators and CSA executive directors
- Contract agency providers
- Regional coordinators for the Tennessee Commission on Children and Youth
- Court Appointed Special Advocate (CASA) volunteers and staff
- Foster Care Review Board members
- Judges and court staff

- Guardians ad litem and parents' attorneys
- The Tennessee State Employees Association
- Pediatricians
- Educators

From the initial assessment, CWLA entered into a collaborative partnership with the department to identify strategies for change and to assist in implementing, monitoring and evaluating specific actions to strengthen the service delivery system. The department developed a Three-Year Plan with the assistance of CWLA that identified administrative, legislative and budgetary actions required for these seven priority areas:

1. Resources for children and families. This area included the full array of service interventions and capabilities, including child protective services, prevention/family preservation services for biological families, out-of-home care and treatment for children, medical and behavioral health care services for children in care, reunification services for biological families, kinship care, permanent care through adoptive families, and preparation for independent living, either provided directly by the department or contracted with other agencies.
2. Adoption services for children. This area focused on decreasing the average length of stay in foster care for all children, and on increasing the number and timeliness of adoptions.
3. Legal representation. This area included representation of children and parents in court proceedings through collaboration with the courts, the Tennessee Permanency Planning Commission, and the Administrative Office of the Courts, as well as representation of the Department of Children's Services in all phases of dependency proceedings. In order to accomplish the latter goal, the department tripled the number of in-house attorneys from 18 to 54 between 1999 and 2000.
4. Case manager issues. This area addressed the case management model of residential and home county case managers, case manager salaries, case manager workloads and turnover.
5. Team leader (supervisor) issues. This area focused on the training and experience of team leaders, and the supervisor-case manager ratios.
6. Staff development and training. This area included pre-service and in-service training of case managers and team leaders and in-service training of team coordinators, as well as training of foster and adoptive parents.
7. DCS/CSA roles and relationships. This area involved delineating the roles and responsibilities of the DCS offices (CPS and custodial services) and the Community Service Agencies (non-custodial services) and following this structural differentiation consistently across the state.

In late 1999, the scope of the CWLA contract was expanded to include child protective services. CWLA conducted additional data collection efforts statewide related to child protective services and submitted its findings and recommendations to the legislature in January 2000. From 1999 on, department staff and external agency partners were engaged in significant policy and program development that began creating substantial improvements in foster care, adoptions and child protective services.

Many of the priority areas required staff and budget increases. The departmental leadership worked successfully with legislative committees to obtain support of the reform efforts and substantial budget improvements for fiscal years 1999-2000 through 2001-2002. Many of the improvements undertaken in the department's Three-Year Plan correspond to the systemic

factors or outcomes narrative sections of the Statewide Assessment. The accomplishments of the department in addressing these needs are further explained in those sections.

BRIAN A LAWSUIT AND SETTLEMENT AGREEMENT

System-wide reform efforts were well underway when Children's Rights, Inc., in May 2000, filed a class action lawsuit (Brian A., et al., v. Don Sundquist, et al.) on behalf of children in foster care and adoption services in Tennessee. From January-May 2001, DCS attorneys and staff and the plaintiffs' attorneys participated in a mediation process, facilitated by a mediator appointed by the court. A settlement agreement was signed in July 2001 that will guide the department through a 4-1/2 year reform plan. The settlement agreement stipulates outcomes and benchmarks as well as performance indicators that must be met for successful resolution of the lawsuit. It appoints an independent monitor to assess the department's compliance with required actions and meeting of performance levels. In addition, a 5-member Technical Assistance Committee, funded by the Annie E. Casey Foundation, was created to advise DCS on child welfare policy, management and practice issues in the settlement agreement. The settlement agreement addresses many of the areas in which the department had already begun system reform efforts through its Three-Year Plan.

Description of the State and the Department

Tennessee is located in the southeastern United States. The state is made up of 95 counties and shares borders with eight states (the largest number for any state). The state is described as having three "grand divisions" that reflect different geographical, historical, cultural, political and economic influences—the eastern, middle and western grand divisions. The state is primarily rural with the exception of four metropolitan areas around Memphis (western), Nashville (central), and Knoxville and Chattanooga (eastern). The population of the state is 5.6 million people, with approximately 1.5 million children under the age of 19 years. Of those children, about 76% are white, 21% black, with the rest being of multiple races, Hispanic or Asian. Nearly 70% of children live in metropolitan areas, and the child poverty rate is 19% in the state.

The Department of Children's Services is a state-administered child welfare and juvenile justice system. The department has been led by Commissioner George W. Hattaway since its inception. The Deputy Commissioner, Bo Irvin, oversees the large Program Operations division (all child welfare and prevention programs); under him, three assistant commissioners are responsible for these programs in the eastern, central, and western grand divisions. An assistant commissioner is responsible for juvenile justice programs in the division of Departmental Treatment Facilities. The assistant commissioner of Fiscal and Administrative Services oversees all financial, budget, contracts and facilities management. The General Counsel's office supervises the 66 in-house attorneys statewide. Fourteen smaller divisions/units support the other administrative and programmatic functions of the department. (See the DCS Organizational Chart in the Appendix.)

In order to carry out its mission, the department has established these four goals:

1. Provide appropriate care for children and youth in state custody close to home and return them to their families or provide for permanency in a timely manner.
2. Work with communities to provide prevention and intervention services to protect children, strengthen families and supervise youthful offenders.
3. Increase community involvement, local decision-making and accountability for funding and services.

4. Create an effective management and delivery system to ensure services are provided in a timely and cost-effective manner.

DCS services are provided by approximately 4000 employees across 12 regions. The four metropolitan counties each make up one region, plus there are eight multi-county rural regions. The state map with the 12 regions is shown in the Appendix. A regional administrator manages program operations and staff oversight in each of the regions. In addition, the department contracts with 12 Community Services Agencies (CSA). Each CSA is administered by an executive director, who is appointed by the Commissioner and approved by the regional board of directors. The DCS regional offices work hand-in-hand with the corresponding CSA to provide direct services to children, youth and their families. The DCS regional offices are responsible for child protective services and all services to children in state custody. The CSAs provide family preservation and prevention services to non-custodial children and their families.

Currently there are approximately 10,300 children in state custody. Of these, 72% of the children are adjudicated dependent/neglected, 22% are adjudicated delinquent, and 6% are unruly. About 44% of children in custody are from birth to 12 years old. Of the remaining 66% who are 13-18 years old, juvenile justice youth account for fully half of the numbers in custody. Fifty-seven percent of children in custody are white, 38% are black/African-American, 1.9% are of multiple races, 1.8% are Hispanic, with very small numbers of Asian or American Indian children. Forty-three percent of children in custody are female and 57% are male. Males are disproportionately represented among youth 13 years and older and those adjudicated delinquent. The state's commitment rate (estimated number of children in custody per 1,000 state residents) is 1.7.

A. STATEWIDE INFORMATION SYSTEM CAPACITY

Discuss how effectively the State is able to meet the State plan requirement that it operates a Statewide information system that can determine the status, demographics, location, and goals for all children in foster care in the State. In responding, consider the accessibility of this information to State managers and local staff and the usefulness of the information in carrying out the agency's responsibilities.

Statewide Information System Description

The Department of Children's Services (DCS) has implemented the first major component of its statewide automated child welfare information system, called TN KIDS for the Tennessee Kids Information Delivery System. The first component, which primarily supports the department's intake and referral functions, was implemented in the Southeast pilot region in June 1999. In September-October 1999, all data from the legacy system, which was not Y2K compatible, were converted into TN KIDS. At the same time, the Temporary Transition Plan (TTP) was implemented. In the TTP, a few selected staff in each of the 11 remaining regions received TN KIDS training and then served as centralized data entry personnel in their respective regions until the region went "live" in TN KIDS. Starting in April 2000, remaining department staff received TN KIDS training on a region-by-region basis and began using the system to enter case information. Training for the employees in the final region was completed in December 2000. As of that time, all staff department-wide have been using the same information system. Oversight of the information system is provided by a Project Steering Committee (PSC), a Management Advisory Committee (MAC), and an Executive Management Team. The department identifies and prioritizes TN KIDS maintenance and enhancements through the PSC, which is comprised of management representatives from each major business area within DCS. Policy and planning recommendations go to the MAC for action. System development recommendations are reviewed and approved by the TN KIDS Executive Team, made up of the department's assistant commissioners. In addition to this intradepartmental oversight, DCS submits planning and budget documents for review and approval by the state's Office for Information Resources and the U.S. Department of Health and Human Services.

TN KIDS FUNCTIONS

Following is a description of TN KIDS, categorized by the state automated child welfare information system (SACWIS) functions. The implementation status of each module is included, as well as any planned enhancements.

Intake Management. Case managers and other authorized field staff use the intake module to enter demographic and other pertinent information regarding all children served by the department. This includes children in state custody, those reported to Child Protective Services, and those served through seven non-custodial programs administered by the department. In upcoming releases of TN KIDS, improvements will be made to the Intake Module to better support custody prevention services, voluntary placements, post-custody services, and the state's new centralized CPS intake. By having both custodial and non-custodial intakes captured within TN KIDS, a valuable history is built that can be easily accessed by case managers.

Eligibility. TN KIDS currently provides the means for recording the Benefits Application for custodial children, which is used to determine whether the child is eligible to receive such benefits as IV-E, TennCare (Medicaid), IV-D/Child Support, and entitlement benefits. The

system also provides a Child Welfare Benefits Summary screen where the benefits worker can record information relating to a child's current benefits and the status or current condition of those benefits. In a future release of the TN KIDS application, the Eligibility module will be expanded so that the actual determination of a child's benefits will occur in the system, based on data entered by departmental users and information obtained through interfaces with the systems of other agencies involved in the child's eligibility for benefits.

Case Management. This module allows case managers to enter, update and track case details. Demographic information on all persons, client and non-client, including date of birth, Social Security number, race, ethnicity, tribal affiliation, physical description, address, and employment information, are recorded. Relationship and household links can be established. Current and past permanency goals and dates are currently maintained, although future releases will include the entire permanency plan as well as case plans for non-custodial children and individual program plans for custodial children in DCS-owned facilities. Users can record the name and date of services provided to the child and family. In the future, a Service Authorization module will be added to allow users to create authorizations for services that will, in turn, tie directly into the Accounts Payable, Accounts Receivable, Contracts, Funding and Budget modules of the system. Staff can also record dates and scores of standardized assessments. Employees record, in narrative form, case recordings regarding case activity. Education, medical and visitation restrictions and allowances are also captured. Since TN KIDS has one centralized database and all case managers throughout the state have access to enter their own information, updates and changes are available to authorized users statewide as soon as the data have been entered and saved.

Resource Management. TN KIDS allows users to capture information relating to in-home and out-of-home placements. Users can search for available placements by placement name, placement location, and/or placement type. TN KIDS tracks the dates and discharge information from each specific placement recorded for a child. TN KIDS has the capacity to report placement information by placement location, placement type, by county, by region, etc. In addition, TN KIDS has a Foster Care Registry that tracks all foster homes that are managed by DCS, both active and inactive. In an upcoming release of TN KIDS, a Vendor Maintenance module will be implemented to track all providers of services, including DCS and non-DCS residential service providers as well as those vendors contracted by the department to provide non-residential services. Users will be able to authorize placements with a specific service provider linked to a specific contract created in the system.

Court Processing. TN KIDS currently tracks court actions, including disposition, adjudication, and offense data. In a later release of TN KIDS, the system will provide a daily report to users that will display all children who had new court information entered into the system or had existing court information modified or deleted.

Financial Management. The current version of the TN KIDS application has no active functions that manage or track financial transactions. Business requirements for budget, funding, accounts payable and receivable, and contracts are currently being defined and will be implemented in the future. Linking authorized services and placements with valid contracts and invoices within an integrated system will allow automated exception processing and controls that have never before been possible.

Administration. The employee and team maintenance, case assignment, and system security modules of TN KIDS have been implemented. Two enhancements to the security module are planned. First, security for the application will become entirely role based to simplify system

security maintenance. Second, restricted access will be implemented so that adoption information can be recorded in TN KIDS. AFCARS reporting for adoptions is done outside of TN KIDS at this time.

Interfaces. TN KIDS provides, or will provide, important information links with other agencies. These links can be grouped into four categories.

Integrated within TN KIDS. The child abuse and neglect data system (a required SACWIS interface) and the juvenile justice data system (an optional SACWIS interface) are partially incorporated into the operational TN KIDS system. The Detailed Case Data Component (DCDC) data elements for federal National Child Abuse and Neglect Data System (NCANDS) reporting are planned for a future TN KIDS release. In addition, a major group of providers have direct access to TN KIDS. The department contracts with Community Services Agencies throughout the state to provide non-custodial services to at-risk children and their families. Employees in these agencies have DCS computers and direct access to TN KIDS.

Transmissions from TN KIDS. Currently, TN KIDS data is electronically transmitted to the Title XIX (Medicaid/TennCare) program and to the Tennessee Department of Education. Both of these agencies are in the process of developing new information systems, and DCS is working with both departments to enhance these interfaces.

Accessed through TN KIDS Infrastructure. Select DCS staff members have access to several systems through the TN KIDS Infrastructure, including four systems that are key to determining benefits eligibility. First, employees can access the Tennessee Department of Human Services Title IV-A (TANF/Families First) system. Second, income information can be verified through the State's Clearinghouse. Third, Social Security Administration data can be accessed on-line. Finally, inquiries can be made to the vital records system. Access to these systems is generally limited to the department's Child Welfare Benefits Workers. A more automated interface with the TANF (Families First) system in the Department of Human Services is planned in an upcoming release of TN KIDS.

Planned Interfaces. The department is planning interfaces with IV-D (child support enforcement in the Department of Human Services) and the State accounting system (STARS) as a part of the remaining TN KIDS development. In addition, the department plans to allow on-line submission of provider claims. DCS will also link TN KIDS with a recently implemented Foster Parent Call-In System, which allows foster parents to confirm children and service dates before bi-monthly foster board payments are made. The department is also monitoring the progress of a new system to support the State's courts. It is possible that links with that system will be helpful to DCS staff, particularly Court Liaisons.

SYSTEM FOR DATA QUALITY

The department has a comprehensive system for ensuring accurate, timely and reliable data in TN KIDS. In addition to the Project Steering Committee, the system includes curriculum development and training, a centralized Data Quality unit, and designated Field System Administrators (FSAs) in each of the 12 regions.

The TN KIDS Project Steering Committee (PSC) was established to ensure timely resolution of problems specifically related to TN KIDS functionality and data. The PSC has a defined process for evaluation and management of all proposed changes to TN KIDS, and addresses issues related to system updates as well as technical and data entry problems. PSC

membership includes program and central office representatives, subject matter experts, TN KIDS analysts, and the TN KIDS project manager. Work groups, appointed by the PSC and with cross-department representation, develop specifications for system enhancements.

Curriculum development and training is a cooperative venture between DCS and the University of Tennessee College of Social Work. The training program is called TN KIDS University (TKU). Courses are offered related to navigating the system, intakes, investigations, case management, supervision, and employee maintenance. All TKU courses address specific data quality issues and information regarding federal AFCARS reporting of critical data elements. A web-based program provides access to required training for all staff prior to any major system changes or updates.

The Data Quality unit, established in the spring of 1999 in the Policy, Planning and Research division, is a critical component in ensuring the overall quality of TN KIDS data. This unit facilitates communication on data issues between the field staff, Program Operations, Information Resources, the Data Analysis unit, and central office management. The unit has developed protocols and procedures for coordinating ongoing and specialized TN KIDS data cleaning efforts. Since 1999 the primary focus has been on custodial data; however, data cleaning efforts were initiated on child protective services data in July 2001.

Under the direction of the regional administrator, the Field Systems Administrator (FSA) in each region provides the ongoing technical support for and monitoring of TN KIDS data. The FSAs are the liaison on all TN KIDS issues between Program Operations staff and the Data Quality unit in central office and front-line staff in the regions. In each of the 12 regions, local policies and procedures are in place that guide data entry and monitoring to ensure all case documentation is entered accurately and timely in TN KIDS. FSAs have established procedures to ensure data quality, including intake flowcharts, case closure checklists, and quality assurance guidelines.

TN KIDS REPORTING CAPACITY

The department uses the TN KIDS data for federal and state reporting requirements, for planning and management both in central office and the regions, and for compliance measurement on the department's lawsuit settlement agreement. Currently there are two major ways of reporting information from the system. Thirty-four pre-programmed ("canned") reports are available to system users. Most of these are caseload reports containing data on CPS cases, children in custody, etc., typically broken down by region, county and case manager. Also, the Division of Policy, Planning and Research (PPR) receives a monthly data extract with selected data elements from Information Resources to produce monthly custody reports (entering and exiting numbers, demographic characteristics, and placements of children in custody by region and statewide) and EPSDT reports (medical and dental completion rates by region and statewide). Central office and regional administrators and staff use these reports extensively. In addition, PPR responds annually to over 600 ad hoc data or report requests from within the department as well as from other public or private agencies. The department is able to meet most of its federal and state reporting requirements on custodial children from the TN KIDS system.

An ongoing reporting need has been for regional and central office staff to access data and reports directly from the system as they were able to do with limited queries in the legacy system. The department is planning the use of an interface tool such as Oracle's Discoverer 2000/4i to enable direct access and querying by trained staff throughout the department. A

survey has been conducted among the Field Systems Administrators to determine the common reporting needs for the regions, and development of this direct query system is underway.

Evaluation and Summary

Tennessee's child welfare information system is able to identify the status, demographic characteristics, placement types, and goals of every child in state custody. The department has had penalty-free AFCARS reports since the April-September 2000 reporting period. Major system improvements, which will capture all adoption information as well as expanded information that links placements with contract agencies (vendors) and specific contracts, are scheduled for the fall of 2002. The child protective services screens in the system have been difficult to use and inadequate for capturing all the required information for reporting. This has resulted in substantial under-reporting of child abuse cases in TN KIDS. CPS program staff and system analysts are working to improve child protective services functions in the system. Also, the Detailed Case Data Component (DCDC) elements required for federal NCANDS reporting are scheduled to be added to TN KIDS at the end of 2002.

As in most states, Tennessee's child welfare environment is in a continual state of change. The long-term success of any SACWIS will require more than sufficient capacity and reliable performance. Systems and data must be maintained in spite of high staff turnover and frequent programmatic changes. DCS believes that it is necessary to provide an adequate support structure for TN KIDS. The following areas are strengths of the department's SACWIS:

- **TN KIDS Maintenance:** The department maintains a full team of technical staff to make TN KIDS changes and enhancements.
- **Data Quality:** DCS has implemented one of the most effective processes for monitoring data quality in the state.
- **Daily Support:** There are more than forty full-time staff members providing daily support to TN KIDS users.
- **Guidance:** The department's Project Steering Committee is an ongoing, effective body of managers who identify and prioritize TN KIDS changes.

In addition, the department has identified these continuing needs for the system:

- **System Enhancements:** System enhancements and upgrades need to be completed on schedule. Planning for curriculum revisions and re-training is taking place concurrently with the development and testing of enhancements so that staff will be prepared to use the new system changes when they are rolled out.
- **Reporting Capability:** The reporting capability needs to be expanded beyond the limited number of canned reports in the system and the standardized as well as ad hoc reports the Policy, Planning and Research division produces. Central office and regional staff need to be able to run simple queries in TN KIDS as they were able to do in the legacy information system. The Discoverer 2000/4i program might be a useful tool for this purpose with sufficient training of staff in its use and ongoing technical assistance.
- **Use of Reports for Management Decision-Making:** New reports that are developed for central office and regional users need to be ones that administrators on all levels can use to better manage programs and track outcomes. Time and resources need to be set aside for new report conceptualization and development.

B. CASE REVIEW SYSTEM

1. How effectively is the State able to meet the requirement that each child in foster care under the State's placement and care responsibility have a written case plan with all the required elements?

Policy and Practice Description

Timeframes for the development of permanency plans, the contents of the plans, and the court's review and approval of plans are provided for in Tennessee Codes 37-2-403, 37-2-404, 37-2-406, 37-2-407, 37-2-408 and 37-2-409. Department of Children's Services (DCS) policy 16.31-Permanency Planning for Children/Youth in Department of Children's Service's Foster Care, provides further instruction to staff regarding the preparation of permanency plans.

State law and policy require that a permanency plan be developed within 30 days of a child entering care. Parents and age-appropriate children are to be involved in the development of the permanency plan. The first meeting between the assigned case manager and the family generally takes place during the writing of a social history. The social history is one of several instruments used by staff to help guide development of the permanency plan. The permanency plan staffing takes place no later than 15 working days following the child's entry into custody. The permanency plan is developed jointly with the family and child (if age appropriate). Other individuals such as a child's guardian ad litem, other family members, teachers, and other professionals involved with the child and family may participate in the permanency plan staffing. Within 30 calendar days the permanency plan is presented to the court for approval. If parents have objections to all or part of the plan, a formal hearing is scheduled and the court has an opportunity to consider the parents' objections. The court may approve the plan as written or direct revision of the plan.

State law currently defines acceptable permanency goals. Permanency goals include: return to parent, relative placement, adoption, permanent foster care, emancipation and independent living. (DCS is presenting legislation during the 2002 legislative session that will modify permanency goals. Emancipation and independent living will be eliminated as permanency goals and replaced with the goal of "other planned permanent living arrangement.")

The permanency plan includes information about the risks, behaviors, or conditions that contributed to the child coming into care, a brief summary of family strengths (as identified by DCS assessment protocols), and action plans to achieve permanency that include child safety issues, community risk issues, educational and behavioral issues, medical issues, and family functioning issues. The plan also establishes timeframes for the expected accomplishment of plan goals and the responsible party for ensuring that certain activities or actions take place. The format of the plan is such that specific goals and objectives and action plans can be developed for both parents if they are not living together, prospective adoptive parents and other permanent caregivers.

The permanency plan is a standardized plan, available to all case managers as a computerized template that is accessed via their desktop computer. Also available online are instructions for proper completion of the permanency plan. Tennessee's permanency plan format was revised in 2001 and statewide training on the new plan took place during the year. A training grant was awarded to Austin Peay State University's Department of Social Work to conduct the training. Austin Peay utilized professors from universities across the state to provide local training to staff using a standardized curriculum developed by the University of Tennessee. The training provided staff with an introduction to family conferencing, reinforced the use of concurrent permanency goals when appropriate, and reviewed the new permanency plan format.

The monitoring of permanency plans by the courts takes place throughout the processes described in Tennessee Code referenced above as well as in the department's case file review process. The monitoring of permanency plans within DCS begins immediately following the development of a child's plan by the assigned case manager. The case manager's Team Leader (first line supervisor) is required to review the plan and to sign the plan prior to the case manager submitting the plan to the court of venue for approval. The review and monitoring of plans continues as Team Leaders perform their supervisory responsibilities regarding ongoing case file reviews.

The DCS case file review process is defined in DCS policy 13.16-Program Operations Quarterly File Review. Policy 13.16 requires that each DCS Team Leader monitor no less than a 10% sample of each case manager's open cases each month so that in period of 3 months at least 30% of a case manager's files will be reviewed. Each region uses a standardized review form that monitors items such as interviews with children, parent interviews and contacts, home visits, foster home visits, and completion of other critical functions such as development of permanency plans, foster care board reviews, permanency plan hearings, completion of the child's medical and dental screenings, etc. The supervisor's responsibility does not stop with just ensuring that a plan has been developed, but that the plan developed is adequate to address the issues that brought a child into care. The Regional Administrators are required to report the outcome of the case file reviews in their quarterly reports to their Regional Assistant Commissioner and the Commissioner of the department.

In addition to the review of permanency plans that takes place at the local level, two additional levels of review take place. DCS central office foster care specialists perform case file reviews in each of the 12 DCS regions on an every other year basis. The central office reviewers utilize a standardized review form similar to those used by field staff. The central office case file reviews are not only a quantitative review, but also a qualitative review. The review focuses on compliance with policy requirements concerning face to face contacts, home visits, foster parent visits, the timely completion of a permanency plan, etc., but also focuses on issues such as the appropriateness of the permanency goal established for a child, and the activities undertaken to achieve permanency for a child. These reviews conclude with an exit conference with the Regional Administrator and staff and the preparation of a written report for the Commissioner of the department. The regions are required to prepare a corrective action plan to deal with issues that are in need of resolution. The central office case file review process will soon be incorporated into the functions of the newly developed Quality Assurance division. In the future the QA division, supplemented by central office and field foster care staff, will utilize a new qualitative review process. (See section C. Quality Assurance System.)

A third level of review involves an annual case file review (CPORT) conducted by the Tennessee Commission on Children and Youth (TCCY). CPORT evaluators found that 97% of the cases reviewed contained a permanency plan. There was concern on the part of CPORT evaluators, however, regarding the adequacy of some plans.

Evaluation and Summary

Case record reviews performed by the department and by TCCY indicate that Tennessee is in compliance with the requirement that children in out-of-home care have written case plans. In an evaluation of approximately 600 cases, TCCY found that 97% of the cases reviewed contained a permanency plan. Case file reviews also indicate that the intended outcomes for

children are being achieved. Foster care review board meetings are being conducted as required by law and permanency plan hearings are taking place as required.

There are two significant issues that impacted the department's ability to effectively plan for children and to monitor the planning for children. Front-line supervisors typically supervised too many case managers and the case managers typically had too many cases. The department for the past two years has reduced the ratio of case managers to supervisors and the ratio now stands at 7 to 1. Within the next 2 years the ratio will be reduced to 5 to 1. Caseloads have also been reduced. During the current year, average caseloads will be about 20 (if all case manager positions are filled). In October 2001 the department received 335 new positions. Case manager caseloads will be further reduced with these positions. Rather than using an average caseload that is misleading in some respects, we have now established a caseload cap. No experienced (one year of service) case manager will be allowed to have more than 20 cases, and an inexperienced case manager will not be allowed to supervise more than 15 cases.

2. How effectively is the State able to meet the case review system requirement that parents of children in foster care participate in developing the child's case plan? In responding, consider their participation in activities such as identifying strengths and needs, determining goals, requesting specific services and evaluating progress related to their children.

Policy and Practice Description

The involvement of parents in the development of permanency plans is provided for in Tennessee Codes 37-2-403, 37-2-404, 37-2-406, 37-2-407, 37-2-408 and 37-2-409. Department of Children's Services (DCS) policy 16.31-Permanency Planning for Children/Youth in Department of Children's Service's Foster Care, and DCS policy 16.33-Foster Care and Permanency Planning Hearings, provide further instruction to staff regarding the preparation of permanency plans and the requirement that parents of children in care participate in the development of their child's plan. The state's expectation is that parents and age/maturity appropriate children be totally involved in the assessment of family strengths and needs, the development of permanency plans, and legislatively required reviews by foster care review boards and the juvenile court. DCS staff may provide transportation for families and children or make other arrangements for transportation to be provided.

A thorough assessment of each child and the child's family is to be made when a child enters state custody. The department has a formal protocol for such assessments that includes completion of a social history, a child safety assessment, a community risk assessment, an assessment of the child's mental health needs, a family functioning assessment, and a medical assessment (EPSDT screening). The nature of the assessment protocol requires that the family be actively involved in the assessment. In fact, the family serves as the primary resource for much of the assessment information.

Beyond the assessment process it is the department's expectation that parents be actively involved in all activities concerning the development of a permanency plan for their child. Families are expected to attend the initial staffing for their child. Family is not defined as just the mother and father, other family members that can provide added value to a staffing may participate in the staffing. Non-relatives, such as teachers or other professionals having contact with the child and family may also participate. Parents are required to sign the permanency

plan developed for their child. If they are in disagreement with the plan as developed, there is a mechanism for them to appear before the court to express their concerns about the plan developed. Policy also requires that all changes to a child's plan be made with the involvement of the parents. In the case of a modified plan the parents have the same opportunity to appear before the court and express their concerns before the revised plan is approved and implemented.

To further facilitate parent and child participation in the process, foster care review board reviews are often held after regular working hours so as to accommodate working parents and to prevent children from missing school. Unfortunately, permanency hearings generally conform to the normal workday schedule of the courts.

Each region has available to it flexible funding that can be used for any purpose that helps to facilitate a child's return home. This would include the provision of transportation for parents who would not otherwise be able to participate in staffings or other activities related to their child.

A key component of the State's effort to ensure participation of parents is family conferencing. A statewide training effort regarding permanency planning began in the summer of 2001. This training served as an introduction to the family conferencing process, development of concurrent permanency goals for children, and the new permanency plan format. The Training and Staff Development division, over the next 12 months, will be providing other training opportunities to staff that wish to take family conferencing to the next level. A related development is the State's involvement with the Annie E. Casey Foundation. In October 2001, senior managers were introduced to the Family to Family model, and 3 pilot sites (Davidson county, Sumner county, and Hamilton county) were selected to initiate the model during the next 12 months.

Evaluation and Summary

The department has made major progress in involving families in the assessment of their strengths and needs and in the development of permanency plans for their children. The Tennessee Commission on Children and Youth, in the CPORT 2000 Evaluation Results report, states: "Compared to previous years, family focused services continued to improve and improved considerably in 2000." Opportunities for family and child involvement occur during the following activities:

1. The initial assessment in which the child and family participate in the collection of social history information, completion of a family strengths assessment, and completion of an initial mental health screening tool for the child;
2. The initial permanency plan staffing;
3. The court's review of the initial permanency plan;
4. A 90-day review of the permanency plan conducted by the foster care review board;
5. A nine-month review of the permanency plan conducted by the foster care review board;
6. A 12-month permanency hearing before the juvenile court.

During the statewide review of practice involving parents and children, the following issues which discourage family involvement were also identified:

1. Case managers sometimes develop permanency plans prior to the permanency planning staffing and the plans are presented to the parents with little opportunity for discussion;

2. The ability and willingness to engage parents in case planning varies significantly between case managers;
3. Parents may be unable or unwilling to participate as a result of substance abuse issues, mental illness, mental retardation, anger or denial.

3. Citing any data available to the State, discuss how effectively the State is meeting the requirement that the status of each child in foster care be reviewed periodically, i.e., at least every 6 months, by a court or by administrative review.

Policy and Practice Description

The periodic review of permanency plans is provided for in Tennessee Codes 37-2-406, 37-2-407, 37-2-408 and 37-2-409. Department of Children's Services (DCS) policy 16.31-Permanency Planning for Children/Youth in Department of Children's Service's Foster Care, DCS policy 16.32-Foster Care Review and Quarterly Progress Reports, and DCS policy 16.33-Foster Care and Permanency Planning Hearings, provide further instruction to staff regarding the review of permanency plans by the foster care review boards and the juvenile court. State law requires that the juvenile court of venue review the case of each child in foster care within twelve months of the date of foster care placement. Additionally, review of each child's case by a foster care review board is required.

The administrative and judicial review schedule is as follows:

1. A 90-day review of the permanency plan is conducted by the foster care review board;
2. A nine-month review of the permanency plan is conducted by the foster care review board;
3. At 12 months the juvenile court conducts a permanency hearing.

After the first 12 months, Foster Care Review Boards continue to be held at the 6-month intervals, and judicial reviews occur no less often than every 12 months. Additional reviews may be scheduled at the request of the case manager, the family or child, the Foster Care Review Board, or the juvenile court, and the plan may be revised as needed.

A child's assigned case manager is responsible for scheduling foster care review board sessions and permanency hearings. There is some oversight of the process by DCS legal staff. The most recent (September 2001) AFCARS report data indicates that 97.7% of children in care during the reporting period were current in terms of a review by a foster care review board or a permanency hearing by the court of venue.

Evaluation and Summary

Tennessee's administrative and court review system meet the requirement that the status of every child in care be reviewed at least every six months. During the past 24 months, the Administrative Office of the Tennessee Supreme Court has been actively engaged with the Tennessee Juvenile and Family Court Judges Association and provided training for judges and Foster Care Review Board members. The courts and review boards are better informed about their roles in permanency planning for children and are playing a more active role in helping children reach permanency quickly. September 2001 AFCARS data indicates that 97.7% of the cases meet mandated review requirements.

4. Citing any data available to the State, discuss how the State meets the requirement that permanency hearings for children in foster care occur within prescribed timeframes. Discuss the effectiveness of these hearings in promoting the timely and appropriate achievement of permanency goals for children.

Policy and Practice Description

The permanency plan hearing process is provided for in Tennessee Codes 37-2-409. Department of Children's Services (DCS) policy 16.31-Permanency Planning for Children/Youth in Department of Children's Service's Foster Care, DCS policy 16.32-Foster Care Review and Quarterly Progress Reports, and DCS policy 16.33-Foster Care and Permanency Planning Hearings, provide further instruction to staff regarding the permanency hearing process. State law requires that the juvenile court of venue review the case of each child in foster care within twelve months of the date of foster care placement.

Scheduling of permanency plan hearings is most often the responsibility of DCS staff, either case managers or attorneys. Most of the juvenile courts in our state are relatively small courts presided over by judges that also have criminal court responsibilities. Most of them lack sufficient juvenile court staff to have developed a mechanism for scheduling permanency hearings. The exceptions are the large juvenile courts in the major urban areas of Davidson county (Nashville), Shelby county (Memphis), Knox county (Knoxville), and Hamilton county (Chattanooga). When the responsibility for scheduling permanency hearings falls to our staff, case managers are assisted by our legal staff that maintain a log containing information about children in custody.

The Administrative Office of the State Supreme Court, during the past two years, has worked cooperatively with DCS and conducted statewide training sessions concerning ASFA and permanency planning for juvenile court staff and judges. The training resulted in a heightened sense of awareness of the necessity for regular reviews and the role of the review process in ensuring permanency for children.

Evaluation and Summary

The outcomes for permanency hearings have greatly improved during the past two years. Juvenile courts have a greater appreciation of their role in ensuring permanency for children. Courts appear to be more willing to make the difficult decisions necessary to ensure permanency for children. The administrative and judicial review schedule is as follows:

1. A 90-day review of the permanency plan is conducted by the foster care review board;
2. A nine-month review of the permanency plan is conducted by the foster care review board;
3. At 12 months the juvenile court conducts a permanency hearing.

After the first 12 months, judicial reviews are held no less often than every 12 months. Additional reviews may be scheduled at the request of the case manager, the family or child, the Foster Care Review Board, or the juvenile court, and the plan may be revised as needed.

Until the past two years, the department lacked sufficient legal staff to actively participate in all permanency hearings. The department's legal staff has grown from 18 attorneys in 1999 to a current staff of 66 attorneys. Previously, as a result of the shortage of legal staff, permanency goals that should have been changed were not, terminations of parental rights were delayed,

and adoptions were not finalized. The tremendous improvement in finalized adoptions during the past three years is a prime indicator that the permanency hearing process is much improved. During the last fiscal year, 646 DCS children reached permanency by adoption. Three years prior, only 197 children reached permanency through adoption. If there is a lesson to be learned in this, it is that social workers cannot practice law, and that without adequate departmental legal representation the State will not have an effective permanency review process.

5. Citing any data available to the State, discuss how the State meets the requirement to provide foster parents, pre-adoptive parents, and relative caregivers of children in foster care with notice of and an opportunity to be heard in, any review or hearing held with respect to the child in their care.

Policy and Practice Description

Tennessee Code 37-2-415 and departmental rules and regulations outline the tenets that guide the department's interaction with foster parents. Tenet 11 of TCA 37-2-415 states: "The department shall inform the foster parent(s) of scheduled meetings and staffings concerning the foster child, and the foster parent(s) shall be permitted to actively participate in the case planning and decision-making process regarding the child in foster care. This may include individual service planning meetings, foster care reviews, and individual educational planning meetings." As relative caregivers and pre-adoptive parents are also approved foster parents, the rights as outlined in TCA 37-2-415 also apply to them. Tennessee Code 37-2-416 also provides that the department shall notify all foster parents, adoptive parents, or relative caregivers of any scheduled hearing regarding a child in their care, however the method of notification is not dictated. DCS policy provides that notification shall be made no later than 10 calendar days prior to hearings and foster care reviews. Notification may be made by mail, telephone message, or personal contact.

As with parents, the department invites and encourages foster parents, relative caregivers, and pre-adoptive parents to become active participants in reviews conducted by foster care review boards and in permanency hearings. Case file reviews indicate that there has been significant improvement in participation. The improvement in participation is at least in part the result in the passage of a "Foster Parent Bill of Rights". Additionally, the state actively supports (financially as well as philosophically) the Foster Parent Advocate program operated by the Tennessee Foster Parents Association. The foster parent advocate program provides a foster parent advocate in each of DCS's 12 regions. The foster parent advocate acts as a liaison between foster parents and the department during times of strained relations, interprets departmental policy for foster parents, provides training and guidance to foster parents, and assists the department by actively encouraging foster parents to be active partners with the department.

Evaluation and Summary

Tennessee's Foster Parent Bill of Rights legislation codified foster parents' right to be an active participant in case planning for children in their care. Case file reviews indicate that foster parents, relative caregivers, and pre-adoptive parents are being invited to participate in foster care review board meetings and permanency hearings. Case file reviews also indicate that the number of foster parents participating is increasing. The state has made a concerted effort to include foster parents as full partners in its work with children and families. The Foster Parent Advocate program operated by the Tennessee Foster Care Association is also playing a

significant role in helping to increase the involvement of foster parents. As with issues previously discussed, the degree to which foster families are involved often depends upon the skill of the case manager to engage the family and the willingness of the case manager to have the family involved. It also seems that foster families with an interest in adopting their foster children tend to be more intimately involved in the process.

C. QUALITY ASSURANCE

1. Discuss how the State has complied with the requirement at section 471 (a)(22) of the Social Security Act to develop and implement standards to ensure that children in foster care placements are provided quality services that protect their health and safety, and any effects of implementing the standards to date.

Program and Practice Description

When children come into care, information regarding the child and the child's family is gathered by the Regional Assessment Unit, and an assessment, which includes a social history, is completed. This information is used during the initial staffing, which is to be held within 15 working days of entering state custody. At the staffing, a determination about the child's needs is made, and a placement determination regarding how to best meet those needs is decided. More information about this process can be found in section B. Case Review System.

Children may be placed in a foster home approved by the department, or in a foster home through a provider agency under contract with the department. The department approves foster homes according to policy, which includes a home study to ensure safety. All foster parents receive prescribed training through the PATH curriculum, and background checks are completed. Contract agencies must also complete a home study for the foster homes with which they contract, and the PATH curriculum and background checks are also required. Additional information about the department's approval process and monitoring of DCS foster homes is provided in section G. Foster and Adoptive Home Licensing, Approval, and Recruitment.

In addition to a foster home, children may be placed in a group home or a residential treatment setting. The majority of the contracts that the department has for these services are part of a program with contract agencies called Continuum of Care services. Continuum services include a range of residential and community-based services, including foster homes. Children may be staffed because they have specific treatment needs and be placed in a Continuum program. The goal of the program is to provide services in the most effective, yet least restrictive setting, so that a child may begin the program in a residential setting, but then "step down" to community services, such as a placement in a foster home with Continuum support services. Children returning to their family may also return home with Continuum services to support reunification.

Provider agencies, which contract for foster homes, are licensed by the department, and annual inspections, as well as quarterly unannounced visits to the agencies, are conducted. Reviews of the agency files regarding the foster home approval process are included in the re-approval reviews. Other group home and residential services may also be licensed by the department; however, some programs are licensed by the Department of Mental Health and Developmental Disabilities or by the Department of Health. In addition to licensure, agencies under contract

with the department are monitored by the Residential/Continuum Monitoring unit of the Quality Assurance division.

Children in all foster homes and other contract agency placements are visited by their assigned case manager on a regular basis (at least every 30 days). Case managers are being educated to report any concerns regarding agency or residential services to the Residential/Continuum Monitoring unit of the Quality Assurance division.

POLICY AND STANDARDS

Standards for assessment, permanency planning, and social welfare practice are set forth in DCS policy. Case managers learn about these policies initially through training, mentoring, and supervision, and all policies are available online through the department's computer system for easy access and research. All contract agencies are accountable to a Program Policy Manual that sets forth standards and practice guidelines. This is available by hard copy, but also available on the Internet for easy access. The Resource Development and Permanency division, and the Quality Assurance division, provide technical assistance to vendors regarding policy and procedure requirements.

One of the functions of the new Quality Assurance division will be to provide feedback to the department regarding the services being provided by the contract agencies as well as the department's own case managers. It is the goal of the division to provide information that can be utilized to improve practice in the field.

The Quality Assurance division is comprised of three units: Licensure, Residential/Continuum Monitoring, and Quality Review. The Licensure unit grants initial and re-approved licenses, and responds to complaints or otherwise makes unannounced visits to licensed entities. The Residential/Continuum Monitoring unit provides oversight on quality of care in contract agencies by following up on corrective action plans subsequent to external contract monitoring, responding to complaints, tracking incident reports, reviewing and approving subcontracts, conducting agency reviews, and restricting or limiting capacity in contract agencies. The Quality Review unit completes an annual review statewide of a statistically significant number of cases, compiles the results of the review, completes targeted administrative case file reviews, tracks specific reports to monitor systemic improvement, and supports quality assurance functions.

LICENSURE

The Licensure unit grants initial and re-approved licenses, responds to complaints, and conducts unannounced visits to licensed entities on at least a quarterly basis.

The state licenses all child-serving agencies and, by rule and regulation, requires minimum standards regarding health, safety, and well-being. Licenses are renewed annually. After initial licensure, licensing standards are developed and evaluated by a standards committee composed of agency staff, community representatives, elected officials, academic staff, and other relevant professionals. Their role is advisory, but the final determination on standards rests with the department. Standards are then promulgated through the Uniform Administrative Act, making them official rules and regulations. Promulgation requires review by the office of the Tennessee Attorney General, public hearings, and review by the Government Operations Committee of the Tennessee General Assembly. Standards are currently promulgated for Group Care Homes and Family Boarding Homes, Residential Child Care Agencies, Child

Placing Agencies, Maternity Homes, Child Abuse Prevention Agencies, Runaway Houses, Juvenile Detention Facilities, and Temporary Holding Resources. Each set of standards basically covers these essential categories:

- Clear authority of governing body;
- Written personnel policy including responsibilities and qualifications of staff;
- Staff-child ratios;
- Compliance with appropriate life safety code;
- Compliance with appropriate environmental and food service code;
- Available space per child;
- Financing and budget;
- Agency capacity;
- Discipline practices;
- Services provided to children; and
- Required record keeping.

The reviews by the Licensure unit focus on compliance with these standards. Agencies receive technical assistance, follow-up visits, notices requiring corrective action, and notices to revoke licensure if compliance is not met.

RESIDENTIAL/CONTINUUM MONITORING

The Residential and Continuum Monitoring unit provides oversight on quality of care in contract agencies by:

- Following up on corrective action plans subsequent to external contract monitoring by the Tennessee Department of Finance and Administration's Program Accountability Review (PAR);
- Responding to complaints;
- Tracking incident reports reviews;
- Approving subcontracts;
- Conducting agency reviews; and
- Restricting or limits capacity in contract agencies.

By contract, all agencies must follow the guidelines for programs and practice set out in the Provider Policy manual. The manual may be revised to address health, safety or well-being concerns. Providers are expected to be familiar with all aspects of the program policy.

The Residential/Continuum Monitoring unit requires and reviews corrective action plans from findings of non-compliance cited by external review conducted by the Department of Finance and Administration, called Program Accountability Review. These audits are conducted annually on all contract agencies for compliance with the Program Policy manual.

Following receipt of the corrective action plan, it is reviewed for acceptance or additional information is requested. Additional on-site reviews by the Quality Assurance division are conducted to determine or ensure compliance. Technical assistance is provided to agencies as appropriated. The Quality Assurance division may conduct an on-site review in response to a complaint, and will require corrective action plans when needed to ensure compliance.

The division receives licensure reports from other state departments that license agencies. This includes the Department of Health and the Department of Mental health and Developmental Disabilities. These reports may also trigger reviews.

Provider agencies must submit serious incident reports to the Residential/Continuum Monitoring unit. These reports are reviewed to determine if an on-site review needs to be conducted related to child-specific concerns. Incident reports are entered into a database and tracked by agency and child. This permits the unit to follow trends or compliance issues in contract agencies. When there are significant or continuing issues regarding an agency's compliance, the Quality Assurance division may restrict or limit a provider's capacity to accept new clients into their programs. This action is administered in conjunction with a department committee, the Network Performance Review. When the region or central office has a compliance concern that raises a question about restricting or limiting admissions to contract agencies, a Network Performance Review Committee meeting may be called. The Network Performance Review (NPR) consists of representatives from Quality Assurance, Resource Development, and the region. The NPR reviews and makes recommendations regarding appropriate actions.

In addition, the entire Quality Assurance division meets weekly to review the status of agencies for whom there are compliance concerns. The Resource Development and Permanency division is included in this meeting. Regional and other DCS staff are notified regarding restrictions placed on agencies or other significant concerns.

Data of Description

The Licensure unit conducts 200 re-licensure visits annually. This includes a review of all licensed agencies. In addition, all agencies receive an unannounced visit each quarter, for a total of 800 unannounced visits conducted annually. Two new positions have been added to the Licensure unit for a total of six full-time staff. This has decreased caseloads from 77 to 46 agencies.

At the current time, there are no aggregate data available on the contract agencies. However, a Licensure tracking spreadsheet has been designed and is being developed. This information will help provide more aggregate information about compliance of contract agencies with policies and procedures.

Regarding Residential/Continuum monitoring, the continuum contract agencies are required to submit an annual report that addresses contract outcomes. While this information has been helpful in regards to continuation of contracts for specific vendors, the QA division recognizes a need for more thorough aggregated information regarding contract agencies.

The Residential/Contract Monitoring unit is currently developing a process to improve monitoring by conducting reviews on an annual basis with more consistency across agency types as to what is being reviewed. A monitoring review tool that focuses on required treatment components, along with a review process and schedule, is being developed. Each agency will have a statistically significant number of files reviewed, and the results of these reviews will be aggregated and reported annually. This project is part of the initiative in the newly formed Quality Assurance division.² Discuss the effectiveness of the agency's quality assurance system in helping to ensure safety, permanency, and well-being for children served by the agency and their families in all jurisdictions of the State. In responding, discuss the jurisdictions in the State covered by the quality assurance procedures, the capacity of the system to evaluate

the adequacy and quality of the State's child and family services system, and its capacity to produce information leading to program improvements.

Evaluation and Summary

Through the use of program policy, licensing, and contracts, the department has set safety and well-being standards for which case managers, foster homes, and contract agencies are accountable. The department has provided access of the policies to case managers and contract agencies, as well as to foster parents. A foster parent advocacy program further educates foster parents about these standards. Case managers are educated on policies in training and mentoring. Providers receive and have access to clear standards in both licensing regulations and the provider policy manual.

Challenges for the department regarding the standards include the need for a clearer communication strategy regarding the approval process and standards for department foster homes and agency foster homes. In addition, more delineated roles for the review of agencies by the Licensure and Residential/Continuum Monitoring units need to be developed. Through the new review process in Residential Monitoring, and with the development of the licensure tracking, this goal will be accomplished.

2. Discuss the effectiveness of the agency's quality assurance system in helping to ensure safety, permanency, and well-being for children served by the agency and their families in all jurisdictions of the State. In responding, discuss the jurisdictions in the State covered by the quality assurance procedures, the capacity of the system to evaluate the adequacy and quality of the State's child and family services system, and its capacity to produce information leading to program improvements.

Policy and Program Description

The Department of Children's Services provides oversight regarding the quality of services received by children in custody through the Quality Assurance division, which was organized in October 2001, and is currently under programmatic development.

Prior to this reorganization, the Department of Children's Services has provided oversight of the quality and delivery of services to children in its care through a combination of internal and external mechanisms. The internal monitoring was accomplished through the Division of Licensure, Division of Contract Monitoring, regional case file reviews, and central office case file reviews. External monitoring has been done through the Program Accountability Reviews (PAR) by the Department of Finance and Administration, and through the legislatively mandated child welfare system review, called CPORT, which has been conducted by the Tennessee Commission on Children and Youth since 1993. The components of a quality assurance system have been in place, but they have functioned as a disconnected system. The new division of Quality Assurance is organizing the separate components into a coordinated and cohesive system to assure the provision of high quality services.

INTERNAL QUALITY REVIEW

The Quality Review unit of the Quality Assurance division is a new area, consisting of a director and six quality review specialists. This unit will conduct an annual statewide review of the files of children in care that replaces the case file review process conducted by the Foster Care unit

in Program Operations (as described in section B. Case Review). Currently, regional staff conducts a review of 10% of case files monthly. Regions will continue their monthly internal reviews, and Program Operations will maintain programmatic oversight. The annual review conducted by the Quality Review unit will be on approximately 500 cases statewide, which is statistically significant at the 95% confidence level. It is anticipated that the review will take three months to complete.

The Quality Review unit will:

- Provide oversight for the methodology of the regional reviews;
- Review a statewide statistically significant sample of cases and aggregate data from the sample;
- Conduct administrative reviews and coordinate with Program Operations for corrective action;
- Coordinate with and complement the independent compliance monitor's functions in the Brian A. settlement agreement;
- Integrate all DCS Quality Assurance activities;
- Provide critical attention to the follow-up needed to improve services and outcomes.

The Quality Review unit will monitor department-wide data on foster care placements and target areas for review or monitoring.

EXTERNAL QUALITY REVIEW

The Tennessee Commission on Children and Youth (TCCY) conducts a statewide review of the child welfare system, called the Children's Program Outcome Review Team (CPORT). The purpose of the CPORT review, which was instituted for monitoring of the Children's Plan, is to evaluate the delivery of services to children and their families served by the child welfare system, pursuant to Tennessee Code Annotated 37-3-103. CPORT includes an extensive review of a sample of cases in each of the 12 regions, each of which is reviewed one time per year. The CPORT interview protocol may include interviews with the child, parents, caregivers, case managers, court staff, service providers, education/school staff and others as deemed necessary. The interviews focus on all aspects of safety, permanency, and well-being. A child's provider/placement issues are included as part of this review.

The TCCY Case Summative Report focuses on A) Child and Family Status on key indicators of interest and B) System Performance as related to safety, emotional and physical well-being, stability of living arrangements, permanency goals, appropriateness of placement and residential goals, educational/vocational progress, family unity support, child satisfaction and independent living (13 years and older).

Data Description

The Quality Assurance division will report twice yearly to the Commissioner of the Department of Children's Services, with an emphasis on determining areas in which the department is excelling in program practice, and those areas in which improvement to practice is needed. This information will be used in reviewing and developing both policy and training.

The Tennessee Commission on Children and Youth provides an annual report that compiles information from each regional review. The most recent report available, 2000 Evaluation Results, cites the following findings:

- Most children in custody were in a positive status (84%);
- Most children were safe from harm (93%);
- The emotional well-being of most children in custody was adequately addressed (88%);
- The physical well-being of the great majority of children was adequately addressed at the time of the review (97%);
- Most children were placed with adequate caregivers (93%);
- Most children were in the least restrictive, most appropriate placement to meet their needs (90%);
- Most children were in stable placements, not likely to disrupt (90%);
- For most children, the system had identified an appropriate permanent goal (88%);
- Independent living skills were being addressed for most children age 13 and over (87%);
- Eighty percent (80%) of the families were receiving services to remain intact or to reunify;
- Most children were making progress in education or a vocation (80%);
- The lowest indicator was in family satisfaction (68% adequate);
- The status of children/families was more likely to be positive overall if the child were age 5 and under, adjudicated dependent/neglected, and in foster placement; and
- There were no major differences in the status of the child/family based on gender or race.

Evaluation and Summary

Quality assurance functions have previously been performed in the department through the considerable internal and external monitoring activities described above. Although the components of a quality assurance system have been in place, they did not function as a unified system until the creation of the new Quality Assurance division. The strengths of the Quality Assurance program are the monitoring activities, which have been ongoing internally, and the two external monitoring components. These external reviews have provided objective information and data, which provide measurement on quality of care for children being served by the department. These findings substantiate that a majority of children in care are safe, their physical well-being is being met, their emotional well-being is being adequately addressed, they are placed with adequate caregivers, and are overall in a positive status. While case file reviews have been conducted regionally, there has not been an annual statewide internal case file review mechanism. With the structure of the new division, this goal will be met, and the challenge will be to provide aggregated data that can benefit the program staff and lead to better child welfare practice.

D. STAFF AND PROVIDER TRAINING

1. Citing any data available to the State on the numbers and timeframes of staff trained, discuss the effectiveness of the State's initial and ongoing training for all child welfare staff employed by the agency that includes the basic skills and knowledge required for their positions.

Program Description

The Department of Children's Services (DCS) began an important adjustment to enhance the scope and resources of the training division as of July 1st, 2001. It is now called the division of Training and Development, which provides support to all staff of the department including, but

not limited to, development, delivery and evaluation of all training plans to sustain the mission of the department. Projects will be implemented with a strong focus on development of staff from all levels and positions to allow each person to reach his/her fullest professional capacity and functioning.

The division provides for a director, program manager, training officer, training specialist, eight case managers and clerical support. This is an increase from 3 to 13 full-time employees. The case managers are experienced field staff familiar with the assorted programmatic areas of the department as well as the demands experienced by field staff learning and performing their daily job tasks.

This division utilizes several adjunct personnel resources from elsewhere in the department such as training coordinators located in every region, training specialists in the residential facilities, foster/adopt recruitment and retention staff in the regions, permanency support staff in the regions, and internal part-time trainers. The division seeks out when appropriate and acquires the capacity to contract externally for training and development services.

The division oversees training required by licensing for residential providers contracting with DCS as well as for contractors providing prevention case management specifically for the department. Under contract with the Tennessee Association for Child Care, the department is providing training to the licensed residential providers. The Community Services Agencies, also under contract with the state, provide training in collaboration with the department. Joint efforts are being performed to ensure that training received by external partners providing services to clients of the department is of similar quality and content comparable to that of DCS staff. It is expected that new contracts effective FY '02-'03 will include requirements to uphold these efforts.

The department is pursuing educational stipends through collaborative efforts with universities and child welfare agencies throughout Tennessee. The division will assist in the provision of undergraduate and graduate school benefits to prospective and existing employees. During the 2002 calendar year, protocols for this type of disbursement will be formally instituted. The department is providing adjunct professors to Austin Peay State University to teach an upper level Public Child Welfare course and pairing it with an intensive internship program in DCS. During the fall semester of 2001, 28 students completed this new class and 7 are expected to follow in the spring with the internship offering.

PRE-SERVICE TRAINING

When DCS was formed in 1996, a pre-service plan for all new case managers employed for three weeks was designed to expedite the capacity to assign case management duties to staff. With review and feedback from the Child Welfare League of America (CWLA) consultation in 1999, that plan was notably enlarged. CWLA recommended an expansion in the pre-service curriculum and additional time spent on the job interspersed with training, and suggested that specialized program training occur prior to a caseload being assigned to a new staff member.

In response, the pre-service training for all newly hired case managers was expanded to eight weeks and piloted during FY '00-'01. The curriculum and delivery will be completed for a final product by spring 2002. Tennessee has always contracted with the University of Tennessee (UT) to develop and deliver pre-service training for new hires. Additionally, the services of trainers from the Tennessee Correctional Academy (TCA) are interspersed during the core

week at the academy and provide a week of specialty training for Juvenile Justice case managers. The course of instruction includes the following schedule:

Week One: On-site Orientation with manual

Week Two: Classroom Core (at TCA or regional site)

Week Three: On-The-Job Training with manual

Week Four: Interviewing (at UT-central or regional site)

Week Five: On-The-Job Training with manual

Week Six: Assessment (at UT-central or regional site)

Week Seven: On-The-Job Training with manual

Week Eight: Specialty Classrooms (CPS, foster care, adoptions or juvenile justice) (at central or regional site)

Plus 1-5 days TN KIDS (SACWIS) in a Computer Lab (5 regional sites)

At least two groups for this eight-week cycle are begun each month in two of the three grand divisions of the state to accommodate the rate of new hires. Delivery of training at regional locations was begun in the state as of November 2001. Due to the cost of travel and burden on staff to be away from home for weeks of training, this is an important resource change. Week Eight is a specialty week and staff is divided among one of the program areas of child protective services, foster care, adoptions or juvenile justice. Staff transferred between positions is enrolled in specialty weeks for their new program area. These courses are also available for use as refreshers when needed. The pre-service on-the-job training components include information and orientation to external partners while the classroom curriculum focuses on knowledge and skill building.

SUPERVISOR TRAINING

The department also contracts with UT for the provision of supervisory training. This training utilizes the CWLA supervisory curriculum that was significantly modified for Tennessee. This training was piloted in FY '00-'01 and will be further enhanced during FY '01-'02. It is required for all team leaders (supervisors), team coordinators and case manager 3's with supervisory duties hired within the last 18 months. The pilot has shown that the content is most specific to newly hired team leaders so the curriculum will be further enhanced to include a breakout of courses targeting the needs of the case manager 3 positions, which includes the assignment of limited supervisory duties and a reduced caseload. An additional breakout will be specific to team coordinator positions, which is an administrative field supervisory position. This training spans 3-7 days depending on the composition of the group.

EVALUATION OF TRAINING

Presently there is no formal competency-based testing used with the pre-service curriculum. However, upon advice from the Technical Assistance Committee, the department fully intends to create and use a competency-based assessment tool. During 2002, research and planning about assessment will begin, and a proposed plan for how to accomplish this will be developed.

IN-SERVICE TRAINING

In-service training is provided by several sources each year. All case managers are required to obtain at least 40 hours of in-service training annually. The TN Corrections Academy provides 40 hours of required training each year at its facility for staff employed in the DCS juvenile institutions and group homes. The TN Department of Personnel provides a wide array of

training to all state employees including, but not limited to, basic functioning skills, supervisory and management organizational skills. The state Office of Information Resources provides computer skill classes at beginner, intermediate and advanced levels.

There are assorted DCS specific in-service classes completed across the state each year whenever new policy, procedures or programs are introduced into our practice on the front line, e.g., training on the new permanency planning process. CPS staff are able to attend either of two in-depth interviewing courses: Legally Defensible Interviewing held 2-6 times per year or Investigative Interviewing held twice a year. Foster care staff are able to attend any of the many mini-conferences or annual conferences held each year for foster/adoptive parents and containing several workshops dealing with child specific information and information about current department initiatives. The legal division of the department requests all regional attorneys to provide at least one training for staff each month in every region. The topics of these trainings can vary tremendously and address any and all issues about legal processes that enhance staff ability to work with the attorneys to obtain permanency for children.

In an effort to foster teamwork and establish a consistent model of service delivery statewide and across all agencies, extensive training in all aspects of adoption practice is provided jointly to department and the special needs adoption contract agency adoption staff. The pre-service specialized adoption training provided to department staff is also required "basic" training for all special needs adoption contract providers. To enhance the knowledge and skill level of the adoption staff, six days of "advanced training" has been developed and provided to department and contract provider each year. While the training focus may vary from year to year, this training has addressed issues of openness in adoption, legal risk adoption, recruitment, lifebook work with children, as well as post-placement and post-legal services to families including issues arising in transracial adoptive placements.

Historically, DCS specific in-service courses were given to all affected existing staff and then forwarded to the pre-service curriculum for inclusion for all new staff. It is currently believed that the pre-service curriculum cannot be all-inclusive and remain effective due to the amount of content that would be needed. Given this, the new division would like to see the development of a stationary training calendar of intermediate and advanced classes to support progressive and time-elapsd learning by case managers to meet in-service training needs.

In response to the geographic expanse of our state and the number of department staff quickly approaching 4000, several advancements in delivery are being analyzed. Prominent among these is the movement of curriculum from classrooms and manuals to computer-based training methods or CBT. For example, an enhancement to the TN KIDS system was delivered through CBT format during August 2001 in lieu of the traditional lab experience. E-learning for all basic, intermediate and advanced Microsoft Office tools has been available for the past year to the department. The increased use of CBT will be the focus of future endeavors since it provides the preferred "closest-to-home" option and cost savings. The department is currently exploring the latest generation of teleconferencing now available. Additionally, the department is fast expanding the use of its Internet and Intranet web sites to disseminate information and the training division will continue to be involved with this.

Data Description

The table below shows only summary information that was previously tracked by the division regarding numbers of staff and hours of training they received for fiscal year 2000-2001. The development of a more precise and informative tracking system currently underway will better enable the department to report and analyze the quantity of training that is provided.

Type of Training	#Participants	#Hours
Pre-service /New Employee Training		
Provided by the Tennessee Corrections Academy through Dept. of Corrections	579	37,418
Provided by the UT through contracts and agreements	766	26,831
Provided on-site orientation by DCS staff	654	21,053
In-service/Experienced Employee Training		
Provided by the Tennessee Corrections Academy through Dept. of Corrections	375	10,621
Provided by Department of Personnel	625	4,243
Provided by DCS CBT, Office of Information Resources, vendors	136	925
Provided on-site by DCS staff at treatment facilities, group homes, and regions	10,930	40,245
Management/Supervisory Training		
Dept. of Personnel Leadership Development Initiative courses	435	4646
TN KIDS Training	2,859	33,189
TOTALS	17,359	179,171

Evaluation and Summary

The department has made considerable progress since 1996 to assess departmental training needs and to develop and provide pre-service and in-service training. The department also recognizes that training deficiencies continue and is moving toward correcting them. The division of training and development has been expanded fourfold to position the department to better meet the training needs. The training and development division is working with the Brian A. technical assistance committee to review curriculum, propose further development, and analyze effectiveness for front-line case management practice.

A strength of the existing pre-service process is that all newly-hired case managers are completing specialty training before accepting any case assignments. This is a result of the focused effort to improve the training for new staff as an outcome of the CWLA recommendations. The DACUM process completed by the University of Tennessee involved employees from all levels of the department in an intensive review and consensus building exercises to identify specific and relevant learning objectives. From this information the on-the-job training additions were made to complement the classroom learning opportunities. Additionally, staff are receiving their pre-service training in regional locations to reduce costs associated with centralized training and to be more convenient to attend. Supervisory training has now been initiated sufficiently to assist the department in knowing how best to adapt this training for further development needs. Revisions to all training plans at this time will allow for a better integration of supervisory training needs into successful case management practice.

There is a shortage of bachelor and master's level social workers attracted to the department. The department is entering into agreements with the universities to prepare and recruit this population of potential case managers.

On a small scale the department currently accesses e-learning offerings and provided a first generation of computer-based training to staff to train on improvements to the TN KIDS system. The department is exploring several options to provide alternative training delivery mediums including best use of the newest technology available to readily reach staff across the state and be able to increase the quantity of training available.

2. Citing any data available to the State, discuss the effectiveness of the State's training of current and prospective foster and adoptive families and the staff of State-licensed or approved child care institutions that care for children in the State's care or responsibility that addresses the skills and knowledge base needed to carry out their duties.

Policy and Program Description

In 1999 the Tennessee Department of Children's Services adopted PATH (Parents As Tender Healers) as its pre-service curriculum for prospective foster, adoptive and kinship parents. For approximately 12 years prior to 1999, Tennessee used the MAPP curriculum. The review of new curricula and the decision to make changes and updates to pre-service and in-service training were also guided by the CWLA recommendations. Through the department's contract with the University of Tennessee, all rights to the PATH curriculum were purchased and substantial amendments, additions and revisions were made to tailor PATH to Tennessee's needs. The selection process for the new curriculum involved the input and recommendations of DCS foster, adoptive and kinship parent training staff; private agency staff; foster parents; adoptive parents and relative caregivers. The revision process had similar involvement of all stakeholder groups.

The PATH curriculum has been provided to private agency foster care and adoption staff and all private agencies are using PATH as their pre-service training curriculum. Each region of the Department of Children's Services begins a new PATH group each month. Agencies provide training as they assess need. DCS Adoption units may also provide PATH training to parents interested in adoption or legal-risk parenting; this training may be in addition to the 12 sessions offered by each region in a year. Additional pre-service training is provided to foster and adoptive parents interested in becoming legal-risk placements and parenting children transracially. The department has a one-year goal that each PATH training offered will be co- led by a foster/adoptive/or kinship parent. This practice is taking place in many of the regions currently. Parent co-leaders are compensated for their time and efforts through the department's contract with the University of Tennessee. Pre-service training is a basic component of Tennessee's approval process for foster families.

Pre-service training is largely information and attitudinal in scope. There is some focus on skills development. The department has encouraged a variety of delivery mechanisms for pre-service training. While group delivery with co-trainers, staff and a foster/adoptive/kinship parent is the ideal, the department realizes that individual delivery of the curriculum may be appropriate. Further, an alternate mechanism has been developed through the contract with the University of Tennessee and the Tennessee Association for Child Care that would allow for PATH to be delivered through videos, assuring full participation by the trainee through participant

worksheets and materials as well as processing discussion as part of the family approval process.

Tennessee DCS has long recognized the need for foster parent in-service training. For the past 25 plus years, the predecessor department (Department of Human Services) and now DCS, through a contract with the University of Tennessee, has sponsored regional, daylong foster parent training conferences. The department also sponsors the Tennessee Foster Care Association's statewide training and development conference. This is a two-day conference. Additionally through the support of local foster care associations (now numbering 72 in Tennessee), the department supports ongoing training in the field.

Specific policy has been developed to outline prescribed in-service training for newly approved parents. This is outlined in foster care policy 16.4. These requirements include Parenting the Sexually Abused Child, Discipline, Working with Birth Parents, and Cultural Awareness, as well as a 3-hour elective for a total of 15 hours required in-service for all approved foster parents. Following the first year of service, each parent is required to obtain 15 additional in-service hours, with the topics to be determined by the annual re-approval process. Through dialogue with the case manager and the family identify areas of training needs. The region is then responsible to arrange for or to provide training to meet these needs. Although these policies regarding training requirements have been in place for a year, staff availability and foster parent buy-in to the importance of attending all required training has been slower in coming.

Currently the department's foster care and adoption staff positions include recruitment, training and retention responsibilities in their job plan. The department is also working closely with the local and state association to fine-tune the training program in Tennessee.

In-service training is provided through local foster care association meetings, specially arranged training events throughout the year in the regions, regional foster care/adoption/kinship care conferences and the Tennessee Foster Care Association's Annual Conference, as well as through one-to-one efforts related to individual children and families. Currently extensions in time to accumulate the required training may be requested by field staff working with families they determine to be true assets to the appropriate care of children in the department's custody. In-service training is more skills based than is pre-service training. However, the majority of skills development with foster and potential adoptive parents is done related to specific children in their care and is seen more as parent coaching, accomplished by the department or agency case managers and therapists or other individuals from the community familiar with the strengths and needs of the identified child and family.

Private agencies currently have their own processes to assess training needs on an ongoing basis with their families. All training offered throughout the year, unless specific to DCS foster home issues, is available to private agency parents.

Data Description

The state has limited data related to foster/adoptive parent training. One outcome measured is the overall number of new families approved to foster or to foster and adopt. In fiscal year 2001, the state trained and approved 614 new foster families. In the current fiscal year, 487 new families have been approved between July 2001 and December 31, 2001. This second figure indicates a substantial increase in newly trained, approved families in the current year. This fiscal year has seen an increase in the total number of trainings offered in each region. Practice is now for each region to offer one PATH session starting each month. These numbers do not

reflect any training conducted by the adoption units or by any contract foster care and adoption agencies. Also, clearly the number of approved families is far less than the number of families beginning training. Tennessee is average in that approximately 50% of families who begin the training process select out prior to approval. Tennessee uses a mutual selection process. The overall response to the PATH training is favorable with trainees stating an appreciation for the application of the skills and philosophies covered in training to the challenges they will face as new foster parents.

The department readily has access to the numbers and outcomes of in-service training offered through its contract with the University of Tennessee. Regional and local foster care associations also provide incidental trainings throughout the year. The data on these trainings are not included. In fiscal year 2001, 1046 parents received training through regional conferences, special training requested by the field, and the Tennessee Foster Care Association Annual Conference, for a total of 4,649 hours. In the current fiscal year to date, 512 foster, adoptive and kinship parents have received a total of 2,182 hours of in-service training. Evaluations of these trainings indicate favorable responses from the parents and that the trainees grasp the application of skills learned to their parenting of children in care. These numbers and evaluation information do not include department and agency staff who also attend trainings to gain information to share with parents unable to attend.

Evaluation and Summary

The Department of Children's Services assesses its pre-service training program for potential approved foster and adoptive parents as a strength. There is a long commitment to the provision of pre-service training to assure that families are as well prepared as possible to meet the needs of children placed in their care. Also a complete in-service training program is well on its way to becoming a reality. Tennessee has long stressed the importance of in-service training through the offering of regional and state conferences to foster, adoptive, and kinship families. With the increases in staffing and the focus on retention of families, it is becoming more possible to fully develop this training component to assist the parents further as they care for the children in their homes.

Tennessee assesses the consistency in pre-service training between the Department of Children's Services and the private agencies to be good. The department, with the assistance of the University of Tennessee, coordinates all the training for trainers in the PATH curriculum. This training of trainers is available to department and private agency trainers alike. The department has developed regional Master Trainers in PATH to train other trainers and to serve as mentor trainers in the field. This assures more consistency in trainer orientation and skill. There is some need to better coordinate the efforts around in-service training to parents between the department and the private agencies. The plan is that within the next year each region will maintain a training calendar that outlines all trainings offered to parents regardless if they are department sponsored or agency sponsored.

To improve further the consistency in the department's staff's understanding of PATH and its principles, a PATH Overview training will be being provided to staff not needing to actually be trained as trainers. An abbreviated version of this training is provided to new staff in their pre-service training. The department recognizes this training of staff in the philosophies of PATH as a necessity to assure the consistent application of good practice principles and to enhance the partnership between foster/adoptive /and kinship parents and staff.

The department makes efforts to assess the quality of training through the use of training evaluations at all its training offerings, both pre-service and in-service. Training quality and availability is also addressed in the foster home re-approval process. The private agencies maintain their own processes of training assessment.

E. SERVICE ARRAY AND RESOURCE DEVELOPMENT

1. Discuss how effective the State has been in meeting the title IV-B State plan requirement to provide services designed to help children safely and appropriately return to families from which they have been removed.

Program/Service Description

Through both policy and practice, DCS supports the title IV-B requirement to provide services to help children safely and appropriately return to the families from which they were removed. The department's first priority when a child is removed from his/her home is to assess the strengths and needs of the child and family and to facilitate family reunification as soon as possible, unless reunification is contrary to the child's best interest. The department seeks to understand factors that necessitate out-of-home placements, and to provide services that will address these risk factors and assist families in building on their strengths. DCS contracts with a variety of service agencies within the community in order to support these efforts and augment the services provided by the department.

Focus groups, facilitated by Child Welfare League of America, were held across the state in 1999 to identify service gaps. A number of services that help children safely and appropriately return home were developed or enhanced as a result of the information gathered during this process, such as the regional Health Units, services to increase visits between siblings in care and between children in care and their parents, and services to identify placement resources close to a child's community of origin.

There was a recommendation in the focus groups to reduce caseloads and increase training to assist with timely reunification. As a result, the allocation of new positions and targeted job recruitment has enabled case manager caseloads to decrease from an average of 23.4 cases in FY99-00 to 20 cases in FY 00-01 when units were fully staffed. Changes are being made in the training for case managers and the amount of training they receive. (See systemic factor D for more information on training.)

The Department of Children's Services has about one-half of the 4,300 youth served in out-of-home contracted care in Continuum of Care contracts. These contracts are evaluated by a quarterly review of attainment of outcomes, defined as having the child achieve and maintain permanency for at least nine months. The contract providers facilitate permanency by working with, coordinating, or providing services to birth or relative families or adoptive families. The contracts are evaluated through family and client feedback, reviewed by the Department of Finance and Administration, licensed with an annual review, and have an annual outcomes review by regional and central office DCS staff. Continuum of Care contracts are having a positive impact on provision of services to families and facilitating reunification. Flexible funds have been allocated to the Community Services Agencies so that the local staff can contract for child/family-specific services to best meet the individual needs of the youth and family.

As a result of the three-year plan developed with CWLA, 36 lawyers were added in fiscal year 1999-2000 and 12 educational attorneys were added in 2001. There are 105 juvenile courts operating in Tennessee's ninety-five counties. Until July 1999, there were only 18 DCS lawyers to cover the multiple dockets of each of those courts and attempt to represent the department on contract and employment matters and multiple types of administrative hearings. Case managers were forced to file legal pleadings and appear without legal representation, and there was insufficient legal staff to give legal advice. The legal staff now numbers 66. The lawyers are located in 22 different legal offices across the State where they are housed with their clients, the case managers. There are eight supervisory lawyers who assist the general counsel in assuring that adequate legal services are provided. These lawyers are full-time, employed by the General Counsel and responsible only to DCS. The lawyers receive a minimum of 24 continuing legal education hours per year. The training is produced in-house and relates directly to their day-to-day practice.

DCS attorneys assure that every child has a guardian ad litem or lawyer appointed to represent his/her interest, and also move for lawyers to be appointed for the parents when the parents are indigent. DCS lawyers also train lawyers in private practice, who donate time to assisting those who cannot afford their services, in the substance and procedures of juvenile court work. The efforts of DCS lawyers combined with the pro bono work of private attorneys thus assures that the system operates fairly for all.

The twelve most recently hired lawyers concentrate in the area of education law and work as partners with education specialists to assure the children in foster care and at risk of coming into custody have access to an appropriate public education. Their efforts in this area are just beginning, but have been very effective in dealing with unruly commitments and other educational-related problems.

The department began the redesign of the Emergency Placement System in fiscal year 2000-2001 with the establishment of primary treatment centers and the elimination of the diagnostic and evaluation centers, at the recommendation of CWLA in the three-year plan. The creation of the primary treatment centers resulted in the development of treatment plans when the child first enters care that follow the child if he/she enters longer term placement, immediate treatment, increased involvement of family members in planning for their children, and reduced lengths of stay in emergency care. The department has virtually eliminated its reliance on emergency shelters to serve children under the age of 12. Better assessment and treatment when a child first comes into care increases the likelihood that the family will be safely reunified, and that reunification will take place in a timely manner. The increased involvement of families in planning helps to individualize the plans, to take into consideration the family's strengths and needs, and to increase the family's commitment to the process.

Currently the Department of Children's Services is training 65 staff members statewide to serve as permanency support experts in the regions. The role of these staff will be to review cases involving youth who have experienced delays in permanency and those who are at risk of permanency delays. They will assist and mentor the assigned case managers in removing the barriers to permanency, through family conference staffings and other vehicles.

The descriptions below provide an overview of some of the services provided by the department to support safe and timely reunification.

SERVICES WITHIN DCS

Needs Assessments are used to identify the strengths and needs of children and their families through the use of an on-going assessment process. This process is used as the foundation for all case management decisions made for families and children. State policy outlines an assessment process that consists of a complete social history, completion of a child safety and risk assessment, a community risk assessment (for juvenile offenders), an assessment of family functioning, an assessment of the child's clinical well-being, a psychological assessment if the need is indicated, and an EPSDT assessment.

Case management services are provided directly by DCS and CSA case managers and include regular contact with the child and family to continuously assess and identify needs and strengths; to provide transportation for families to service appointments; to advocate for appropriate support services; to monitor the family's use of services, evaluating the progress toward completion of case goals; and to provide assistance to families so that they can identify objectives for the safe return of the child.

Permanency Support Units are DCS employees who focus on the needs of children and families where permanency has not been achieved and focus on reducing barriers through training and mentoring of staff, coordination of resources, staffing of cases, and case management support. Through these services, the Permanency Support Units are able to address both the individual needs/barriers, as well as systemic needs/barriers to reunification, and potential solutions can be developed that are customized to a particular family. Each region has a Permanency Support Unit.

Community Residential Programs are the 13 DCS-operated group home facilities located throughout the state. The group homes are minimum-security, residential programs designed for youths who are adjudicated delinquent, and who have been evaluated and determined appropriate for community placement. The primary focus of each of these facilities is to provide a residence for 10 to 12 youths in a structured program that includes education, community involvement, and individual program plans. All youths are afforded the opportunity to reintegrate into their home community through the provision of counseling services, education, and in some cases, community service or work experience.

Health Units are DCS and CSA staff persons who assist with accessing services for families and children through TennCare (Tennessee's version of Medicaid), and ensuring availability of continuation of services after a child leaves state custody. Each DCS region has a Health Unit and each unit has a TennCare expert, psychologist, educational specialist, and nurse.

SERVICES UNDER CONTRACT

Continuum of Care contracts are developed with private provider agencies with permanency placement and stability as a focus of service and an intended outcome. Agencies provide services to the child and the family from which they were removed. Contract providers work in coordination with DCS staff to facilitate services and involve the family in treatment. These agencies provide services in a residential facility, foster home, therapeutic foster home, or in the home of the child, as is appropriate to meet the needs of the child and family through the permanency plan.

Healthy Start Program is an intensive home-visiting program offered to first-time parents to promote family health and prevent child abuse. Services offered through program include screening for risk factors for abuse, home visits from birth through child's fifth birthday, child development training for parents, parenting education, well-child examinations and

immunizations, and developmental screenings. This program is administered through the Department of Health and serves 26 counties.

Flexible funding is used in order to purchase services through our network of Community Services Agencies (CSAs) on a fee for service basis to meet the unique needs of individual families. Our pool of funds includes federal funds and state dollars. Purchased services include a broad array of intervention/ treatment services to support families including in-home family interventions, counseling, homemaker, and youth enrichment services. We also use flexible funding to meet basic, tangible needs of families such as emergency rent and utilities payments.

Evaluation and Summary

DCS has seen an increase in the number of children and families reunified from federal fiscal year 1999 to federal fiscal year 2000 (from 64% to 71%). The department has taken a number of steps to ensure adequate resources and customized services aimed at reunification of children and families. The results have been increased availability of continuum beds to serve waiting children, targeted development of services to meet permanency needs of individual children, and individualized needs assessments for each child in care being conducted twice per year (rather than the previous frequency of once a year). The department also sees reduction of caseload as a way for children to gain more individualized attention and services, as workers are able to give more time and consideration to each case.

The increase in DCS lawyers across the state and the resulting improved availability of legal services has made a significant impact on the improvement of the department's ability to remove barriers to permanency. The lawyers are charged with reviewing all permanency plans prior to submission to court and attend staffings when needed. This results in improved plans and better communication with the lawyers, the case managers and the court.

There are still areas in which services are lacking, such as for families confronting alcohol and drug issues. While many of the parents of DCS custodial children are insured by TennCare, only short-term detoxification programs and outpatient programs are available to them. Long-term residential-based programs, which may provide more successful outcomes for complex addictions, are not a covered benefit. DCS continues to use information gathered from the work done with CWLA, community agencies, and advisory boards to assess and make changes in service delivery.

2. Discuss how effective the State has been in meeting the title IV-B State plan requirement to provide pre-placement preventive services designed to help children at risk of foster care placement remain safely with their families.

Program/Service Description

When the Child Welfare League of America (CWLA) conducted its evaluation of Tennessee's children's services delivery system in 1999, it identified the delivery of pre-placement preventive services as a major deficit area. As a result of this work, a goal was established to "provide community prevention and intervention services to keep children and communities safe". At the time the focus groups were conducted, the department's primary mechanism for providing preventive services to families was through contracts with local non-profit providers. These contracts were written in Nashville and included services for the Home Ties model of intensive

family preservation, a variety of counseling and parent education services, homemaker services, and child care services.

In the past, the department's means of providing direct services to prevent removal was through a statewide network of Community Services Agencies (CSA). CSAs are defined in legislation as "a political subdivision and instrumentality of the state". There is one CSA in each of the 12 DCS regions. These not-for-profit organizations strive to prevent commitment of children to state custody by providing prevention and intervention services to children and families. The CSAs provide services directly through their own staff as well as through contracts with other providers. Through contracts with these agencies, DCS provides pre-prevention services such as the Family Crisis Intervention Program (FCIP) and Family Support Services (FSS).

The Family Crisis Intervention Program provides alternatives for children who are charged with or who have committed a status offense. This program was created in the same law that established DCS. This law requires each court to refer unruly youth to the program, as an alternative to placement in state custody, so that the family may have the opportunity to stabilize and obtain needed services. The court may not move forward to commit children in this situation to state custody unless the FCIP staff certifies that there is no less drastic alternative for these children. The FCIP program is limited to a 75-day length of service with a primary goal to refer families to existing community resources.

In an effort to respond to the concerns identified by the CWLA study, DCS developed the Family Support Services program to meet the needs of at-risk children and their families. These services are provided directly by the CSA staff and also include funds to purchase additional services and tangible goods for families. The Family Support Services program was implemented in the six eastern regions of the state in July 2000. The remaining regions began implementation of the program in July 2001, and the program is now operational across the entire state. Family Support Services provide case management and purchased services for children at risk of harm and at risk of coming into state custody. The service has three components: 1) targeted case management provided by staff of the CSAs; 2) purchased services from private providers including intensive family preservation, counseling, homemaker, drug/alcohol services, youth services, childcare/sitter services, electronic monitoring, and respite services; and 3) flexible funding to meet basic needs such as clothing and rent. Any one family may receive one, two, or all of these components depending on the needs.

By providing these services through our network of Community Services Agencies (CSAs) we can offer maximum flexibility in meeting the needs of children and families. Prior to implementation of these programs, services were often purchased via a statewide contract developed by staff in Nashville. While there were positive aspects to this approach, it did not allow for variations to meet regional needs. Our CSAs can develop a cadre of local providers and vendors to meet specific needs of each region or each community in the state. Rather than "one size fits all", the CSAs can purchase the specific type of services needed for a given family for the length of time they need it.

The advantages of this approach are most apparent in our efforts to provide intensive family preservation services. We previously purchased one model from a group of providers who contracted with the state. With the implementation of Family Support Services, we have the ability to purchase these services from a broader range of providers, and the flexibility to provide the services with the appropriate intensity and duration for the individual family.

Other services/programs that address pre-placement prevention of out-of-home care include:

Child Protective Services for children under the age of 18 who are or are alleged to be abused, neglected, or exploited or who are at risk of abuse, neglect, exploitation and require services to prevent this from happening are a main focus of the department. The services include receiving reports; assessing those reports as to occurrence of alleged incident and occurrence of future abuse, neglect or exploitation; assessment of family strengths, needs, and risk to child's safety; purchase of counseling and case management services to address the factors causing or contributing to the maltreatment; etc. This service is provided on a statewide basis.

The following contracted services are also available to meet the needs of intact families and to prevent placement in state custody.

Healthy Start Program, as described in the previous section, can be used for the purpose of prevention, as well as reunification. This program is administered through the Department of Health and serves 26 counties.

Relative Care Giver Programs serve 16 Tennessee counties, including Davidson and Shelby (the two largest counties). These programs provide supportive services to relatives who have the legal custody of their related children. They provide financial assistance up to four times per year for non-reoccurring expenses. Currently 50% of families served receive financial assistance. Eligibility requirements to participate in the programs include a maximum income of 200% of the poverty level. Other case management services and referrals are provided.

Broker Child Care Services provide care, education, supervision, and guidance for children on a regular basis. DCS is a partner with the Department of Human Services, which contracts with 14 public and non-profit agencies called the Child Care Brokers to assist in selecting appropriate childcare and arranging for payment. This service raises the child's visibility in the community, and can be an additional safeguard in preventing the child from entering foster care. This service can be utilized as a prevention mechanism for a child remaining at home, or as a way to support relative caregivers who without care assistance might not be able to maintain the child in their home thus resulting in the child entering into state custody.

Family Resource Centers are school-based prevention/early intervention services provided through the collaborative efforts of many disciplines within the community (educational, medical, psychological, business, and social service), administered by the Department of Education, and funded by DCS. The services at these centers are aimed at assisting families by means of information and training to help families learn to resolve problems. The services provided may include home visitation and counseling for families, child care to facilitate program participation, conflict resolution/peer mediation training, clothing bank, literacy programs/GED preparation, child development training, job readiness training, and parenting skills.

Child Development Services are provided to children under the age of six who are at risk for abuse or neglect, or children at risk for or confirmed with manifested developmental delays, or with a verified disability. These SSBG funded services are provided by the Department of Health. The provision of comprehensive services is designed to enhance physical, social, emotional, and intellectual development. Components of these services include screening tests and physical examinations, developmental screening and diagnostic evaluation, counseling, educational activities with the parent/caregiver, case management, and transportation as needed to implement the other components.

Pregnancy and Parenting Services are preventative services to assist parents/expectant parents in identifying their capacity and desire to parent their child and/or expected child, planning for the care of their child, and identifying services available to assist them in meeting the future needs of the child. DCS adoption staff is prepared to provide these services when approached by parents who may desire to surrender their children. DCS also contracts with one agency in West Tennessee to provide this service in the rural counties adjoining Memphis.

Juvenile Court Prevention Grants provide services through local Juvenile Courts that target youth entering care due to delinquency, truancy, or other status offenses. These services are designed to prevent youth from coming into care, to prevent truancy, and to provide probation/case support services. The custody prevention services cover programs ranging from day treatment to parenting classes. Service objectives are to reduce the number of children committed to state custody, improve the youth's behavior, and improve the family's involvement with the youth, improve school attendance and performance.

Evaluation and Summary

The CSAs gather data monthly on the number of children served by the FCIP program, and the outcomes for those children. The chief performance indicator for this program is the number of children served who are committed to state custody. DCS data show that 95% of the children served in the FCIP program in fiscal year 2000-2001 remained in the community and in the care of their parents. 7,946 children were referred to the program. Of that number, 341 families did not accept the service, 328 children were certified to come into state custody, and the remaining 7,277 children were maintained in their homes.

The goals of FSS are to improve family functioning and to keep children safe within their own communities. The child safety factor is measured through a strengths-based assessment scale that assesses total family functioning. The assessment scale is completed at the beginning of service delivery, and at the end for all cases receiving targeted case management services. The department also looks at the number of entries into the custodial system from this program. For the Eastern regions in fiscal year 2000-2001, a total of 2,337 children received targeted case management services and only 5.8% (134) entered state custody. At the present time, there is no consumer feedback mechanism for this program.

The challenges over the next months and years will be to refine the Family Support Services program, expand the capacity to provide targeted case management, and to further develop the additional services to address the needs of children and families. For example, the department is aware that the prevalence of alcohol- and drug-related behaviors of parents raise serious safety concerns for children. Yet, the pool of resources to address this issue needs further development. DCS also hopes to learn more and make better use of family conferencing techniques and the concept of utilizing extended family and friends to keep children safe in their own communities.

The CPS division of the department is working with CWLA in outlining goals and implementing the steps for the enhancement of services. In response to these goals CPS has begun to develop a centralized intake unit. This unit may impact the prevention of out-of-home placement of children by providing a more reliable, consistent method to receive reports of child abuse and neglect, as well as achieve consistency in assignment of reports. CPS is also working to improve the training of case managers.

3. Discuss how effective the State has been in meeting the title IV-B state plan requirement to provide services designed to help children be placed for adoption, with a legal guardian, or if adoption or legal guardianship are determined not to be appropriate for a child, in some other planned, permanent living arrangement.

Program/Services Description

In an effort to achieve timely permanence for more children in custody, the department has emphasized permanency planning through the creation of regional Permanency Support Units, a permanency plan that focuses on concurrent planning, family group conferencing, and identification of significant adults in the child's life who may serve as a resource for that child. There are now Permanency Support Units in each region. These units work with case managers to identify barriers to permanency, identify resources, and highlight appropriate placement strengths. Concurrent planning is intended to facilitate permanency through establishment of alternative permanency options for children as their families work toward reunification. Should reunification prove inappropriate, the alternative plans should help permanence be realized more quickly.

The department has also implemented a number of program enhancements in the provision of adoption services to birth parents who wish to make a voluntary plan for their child, to children in need of permanence through adoption, and to adoptive families. Adoption teams have been established in each of the 12 regional geographic areas of the state. These teams respond to and provide services to birth families who wish to make an adoption plan for their children; provide foster care case management to the children they serve; prepare children for the adoption experience; recruit and prepare adoptive families; select families for children; and provide pre-placement, placement and post-placement adoption services to families and their children. Regional adoption teams have also experienced an increase of staff that will reduce caseload size to 12 children per case manager position.

Contracts have been developed with eight Tennessee licensed, child-placing agencies which provide adoption services to children identified as "special needs". The department also has a long standing special needs contract with an additional licensed, child placing agency to provide adoption services training and to maintain the state adoption resource exchange. These agencies provide services to children and families in accordance with departmental policies and procedures.

A knowledge- and skills-based training plan has been developed and implemented to provide pre-service training for new staff as well as advanced training for those persons who have completed the pre-service training. In attempting to establish a consistent model of service delivery statewide and across all agencies, and foster teamwork between the public and private agencies, agency staff from both sectors is trained together. Training addresses the PATH process; assessment and therapeutic preparation of children using the lifebook model; recruitment and assessment of families; the selection, presentation and adoptive placement process; post-placement support services; trans-racial adoptions; case management responsibilities; finalization of the adoption, adoption assistance and post-finalization services to families and children.

Through Title IV-B, Part II monies, regional adoption teams have developed and implemented adoption recruitment plans. These plans include billboards, pamphlets, adoption walks, parties and fairs, television commercials, advertisements in newspapers and parent-focused magazines, and development of child specific recruitment activities. Tennessee's waiting

children are also featured on a state website (www.state.tn.us/youth/adoption) and those for whom no family is immediately identified or available are referred to the National Adoption Exchange and other state/regional resource exchanges. A waiting child is featured each week through a television program, "Monday's Child". In addition, these monies are used to support adoptive placement. For example, staff can purchase services needed in pursuing the goal of adoption. Such services might include, but are not limited to, enabling the department in pursuing termination of parental rights by purchase of diligent searches, preparation of termination referrals and preparation of pre-placement and presentation summaries, as well as counseling and services geared toward preparation for adoption.

The department has also implemented a review team, SWAT (See What Adoption Takes), to focus on children who have been legally free and awaiting adoptive placement the longest. Another team focuses on and reviews those children who have a family identified when targeted placement dates are not met. The purpose of these teams is to determine the needs of the child, to assess the current status of adoptive placement/permanency planning, and to assist staff in developing a plan that would bring these children to permanence. It is through this team approach that staff becomes more attuned to the urgency of permanence for children.

Tennessee has increased adoption assistance rates over the last two years. In addition to the monthly board rate, non-recurring expenses, and TennCare coverage for all children eligible for Adoption Assistance are provided. Dependent on the basis of the child's special needs, medical services, psychological, and psychiatric services (including counseling, residential and hospitalization services) are available to support the adoptive placement.

A new Adoption Services Procedure Manual was developed and distributed to staff in 2001. This manual incorporates best practice approaches in providing services to children and families in all aspects of adoption services. This manual provides procedures in working with birth parents who come to us seeking help in making permanency choices for their children and assessing birth parents and adoptive families in making their decision for openness in adoption. It also formalizes procedures for children receiving legal risk placements. A four-day implementation training session for all department adoption staff and the special needs adoption contract staff was provided.

Evaluation and Summary

As a result of the emphasis on permanency planning and the work on enhancing adoption services, the department expects to see an increase in the timeliness and appropriateness of permanency actions on the behalf of child in custody. Tennessee has experienced an increase in the number of both adoptive placements and finalized adoptions over the past several years.

4. Describe the extent to which all the services in items 1–3 above are accessible to families and children on a statewide basis.

Program/Services Description

Unless otherwise noted in previous responses, all services are available and accessible to families statewide. Being a state-administered system makes the process of development and implementation of services on a statewide basis easier. Ensuring that all children have access to needed resources also calls for the flexibility to address individual needs in different regions. In order to offer more flexibility and to increase local decision-making regarding available services, the department has allocated funds regionally.

F. AGENCY RESPONSIVENESS TO COMMUNITY

1. Discuss how effective the State has been in meeting the requirement to consult and coordinate with external community stakeholders in the development of the State's Child and Family Services Plan (CFSP). In responding, discuss how the concerns of stakeholders are addressed in the agency's planning and operations and their involvement in evaluating and reporting progress on the agency's goals.

Program/Service Description

DCS maintains on-going communication with many community organizations, advisory boards, other state agencies, and citizens groups around the state who have a role or interest in child welfare in the state of Tennessee. This communication allows for the exchange of ideas and concerns that influence agency planning and operation. The feedback gained from these and other sources helps DCS to evaluate community needs and service delivery. This communication occurs on both the statewide and local levels. There are no federally recognized tribes in the state of Tennessee; therefore no on-going communication with tribal representatives exists.

In 1999, 1,155 people participated in 124 focus groups that were convened as part of the department's work with the Child Welfare League of America (CWLA). CWLA agreed to work in direct collaboration with the department to assess the current status of the foster care and adoption programs, to develop strategies for change, and to implement specific actions to strengthen the service delivery system. Principal project objectives were to engage interested and informed people, both inside and outside the department, in a review of the strengths and weaknesses of the children's services system; complete a comprehensive assessment of foster care, adoption and other related elements of the children's services system; identify practical strategies to strengthen all aspects of the children's services system; develop specific new service standards, program designs and management methods to take full advantage of the resources of DCS, its contractors and other community systems; and implement actions to integrate "best practice" standards into all aspects of Tennessee's foster care and adoption services.

The stakeholders with whom DCS consults and coordinates on an on-going basis include community agencies such as those that provide foster and adoptive services, child abuse prevention, child advocacy, and other social services; Community Service Agencies; the health and behavioral health care systems including the Bureau of TennCare, the Department of Mental Health and Developmental Disabilities, private service providers, and treatment facilities; Court Appointed Special Advocate; the court system; and the state legislature.

Other groups with whom DCS maintains on-going communication and exchanges influences with include the following.

CONSUMER ADVOCACY GROUPS

Children's Justice Task Force and the Child Sexual Abuse Task Force have joined forces to meet as a collective group. They have participated in the review of Tennessee's Child Protective Services, not only in the prevention, detection, investigation and prosecution of child sexual abuse, but also in areas of physical abuse and neglect. As a group, they have assessed

systemic issues, service provision and child protective policy among other issues. By embarking on this collaboration, the group has been able to bring many disciplines together to work on children's issues. They interface well as a group and build on individual strengths and knowledge. The plan is to continue to maintain this working relationship to enhance the safety of children in Tennessee.

Citizens Review Panels provide input concerning the operation, procedures, and policies of the Child Protective Services (CPS) program. The three panels are located in Memphis, Clarksville, and rural Northwest Tennessee. They address systemic CPS issues in their home communities and examine state issues, as well. In addition to their regular local meetings, the panel members have met with various other agencies and task forces, both statewide and local, to provide continuity in the evaluation of the Child Protective Services in Tennessee.

Friends of Black Children Council (FOBC) was established in Tennessee in 1985. This organization of volunteers has partnered with the Department in the recruitment of families for children in the African American community, advised the Department in matters of application and adoptive home processes, and supported the Department in the advocacy of permanency for children through adoption. There are currently five councils throughout the state. For various reasons, FOBC is experiencing a renewal through reassessing their goals, re-addressing the by-laws, and establishing new goals for their organization.

Tennessee Association for Child Care is an organization representing private agencies throughout Tennessee. The Association has regional boards and works cooperatively with the department to provide training, communication, and input on policy efforts between the department and private contract providers.

Tennessee Consumer Advocacy Program carries out reviews for the department under Grier vs. Wadley, the lawsuit that established due process rights for TennCare members and set up an appeals process that covers any denial, delay, termination, substitution, or reduction of a TennCare covered service. They also review our network for timely services. This program monitors DCS to ensure that the TennCare covered treatments identified in permanency plans are provided, and files appeals on behalf of the children if the services are not being provided.

Tennessee Foster Care Association (TFCA) is a volunteer agency made up of foster parents and interested parties committed to meeting the needs of children in care and the resource parents who care for them. DCS works closely with the TFCA Board and its programs to develop and implement policy. In 1998, TFCA successfully lobbied the Tennessee General Assembly to pass the Foster Parent Bill of Rights, which has drastically impacted the way the department works and partners with foster parents. Much policy has stemmed from the bill of rights. TFCA manages a Foster Parent Advocacy Program that offers foster parent advocates to assist other parents when they feel they need additional information or an additional voice in meeting their own needs or the needs of their children. The bill of rights and the advocacy program have mechanisms for grievances to be filed by foster parents. The more efficient mechanisms for meeting parents' needs and clarifying misunderstandings has drastically decreased the number of grievances filed and greatly increased the communication between foster parents and the department. The department works closely with over 70 local association affiliates of the TFCA through departmental liaisons to the associations. These relationships have assisted the local offices and staff in recognizing needs and problems and addressing them in a more efficient manner.

Youth Advisory Council is a board comprised of youth who are or were in out-of-home placement as well as staff from DCS. This board discusses and makes recommendations regarding meeting the challenges facing youth in custody as they prepare for adulthood, and the development of Independent Living services, resources and policies. Currently, individual regions are in the process of developing advisory councils to meet local needs for youth involvement. These regional councils will feed into the statewide council. Regional councils typically meet on a monthly basis while the statewide council is slated to meet at least twice a year. The councils assisted in the development of the Chafee Independent Living Plan and members serve on the Chafee Oversight Committee. The Tennessee Youth Advisory Council is funded through DCS.

PARTNERS FROM THE LEGAL COMMUNITY

Tennessee Bar Association Commission on Juvenile Justice was created in January 2001 to study problems and concerns about legal representation for children and families in the juvenile courts of Tennessee. DCS was instrumental in advocating for this commission and participated actively throughout the year. The Commission developed the Guidelines for Guardians Ad Litem for Children in Juvenile Court Proceedings and has recommended to the Tennessee Supreme Court that the Court adopt the standards. The Tennessee Bar Association approved the Commission's recommendation that a new TBA section be created to address the issues of children and families on an ongoing basis, DCS lawyers will be involved in this exciting effort.

Tennessee Council of Juvenile and Family Court Judges works cooperatively with the DCS office of the General Counsel on training and improvement issues. For example, there is a joint American Bar Association training scheduled on juvenile justice and ASFA issues in March in which the judges, court personnel and DCS staff will be participating together in a train the trainer type of staff development effort. The local bar associations in each county have worked with the DCS lawyers and the Administrative Office for the Courts to provide joint training and recruitment efforts to improve the number and quality of lawyers practicing in juvenile court.

Law schools at the University of Tennessee, Vanderbilt University and University of Memphis all have legal clinics that work with DCS and other entities to address issues of concern in our foster care population and often participate on joint commissions or work groups to improve the legal system for children and their families. The department works with them on needed legislation and has a very active partnership with the law school clinics. The Vanderbilt Legal Clinic provides representation for children coming into custody and also represents families who have kinship or relative caregiver issues.

The **Court Improvement Project of the Tennessee Supreme Court Permanency Commission** works to enhance the effectiveness of the court. DCS staff has served on the commission for the last 5 years and has participated actively. There have been many joint efforts with DCS taking a leading role in improving the early permanency efforts mandated by law and dictated by good child welfare practice.

STATE ADMINISTERED PROGRAMS

Tennessee Commission on Children and Youth is a state agency with several programs that interface with the Department of Children's Services. The Commission carries out the Children's Program Outcome Review Teams (CPORT) reviews, systematic reviews in each region of the services and service gaps, and issues a statewide report of findings. Through its

Ombudsman Program, the Commission also serves children and families who receive services from the Department of Children's Services. The Ombudsman Program offers assistance and advocacy to children and families. The Commission has responsibility for the Over Representation of Minority Confinement studies and recommendations, and is the cognizant agency for the Office of Juvenile Justice and Delinquency Prevention funds for diversion services for delinquent youth.

The Kinship Summit was held in the fall of 2001 to address the needs of kinship families in Tennessee and to develop a plan of action. This conference was held with the support of DCS, the American Association of Retired Persons (AARP), Tennessee Department of Human Services, Tennessee Association of Childcare (TACC), Davidson County Relative Caregiver Program, Upper Cumberland Relative Caregiver Program, Shelby County Relative Caregiver Program, Brookdale Foundation, the Packard Foundation, Gresham, Smith and Partners and 173 representatives from child welfare agencies and child and family-serving agencies, advocates, policymakers, lawmakers, and relative caregivers. At the 2001 Summit, one-fourth of the participants were relative caregivers from across. A kinship care taskforce is currently developing out of the Summit to assist the state, provider agencies, and policy and lawmakers in their work to assist kinship caregivers in Tennessee.

The **Family to Family Initiative** (currently in planning phase), using a neighborhood-based approach, seeks and encourages communication between the department and other stakeholders in foster care. These efforts in communication will include building community partnerships with community organizations in the neighborhoods where referral rates are high, creating decision-making teams that include foster parents, children, birth families, and community members.

Evaluation and Summary

While there may not have been formal, direct involvement of the aforementioned stakeholders in the development of the IV-B Plan, they all influence the process through their input in, and interaction with, the on-going operation of the department. Through annual reports, departmental data collection, and other reporting means, agencies provide the department with important information about service delivery that is used in planning and operation.

DCS has begun a number of initiatives that should further the efforts to open communication between the department and community stakeholders, while maintaining existing relationships and utilizing on-going opportunities for interaction. In the past the opportunities for consultation has not always been well structured. Challenges lie in making stakeholders aware of changes and giving feedback on the influences that their input has had, especially in the more rural areas. Maintaining consistency in available channels of communication, especially on the community and regional level, will need to be innovative.

2. Discuss how effective the State has been in meeting the State plan requirement to coordinate its services with the services and benefits of other public and private agencies serving the same general populations of children and families.

Program/Service Description

DEPARTMENT OF HUMAN SERVICES

The Department of Children's Services has a unique relationship with the Department of Human Services (DHS), the agency responsible for the TANF programs in the state. Prior to the development of the Department of Children's Services, all child welfare programs for the state were administered through DHS, and many of the current DCS staff worked for DHS. Our histories are entwined as is our access to and use of certain federal funding streams. In the field, many DCS and DHS staff share the same office buildings.

DHS is the cognizant agency for the Social Services Block Grant funds that provide a significant funding source for DCS programs for children and families. Through memorandums of agreement DHS passes SSBG funds to DCS so that we can then fund our programs to serve children who are risk of state custody and their families. DCS and DHS join together in developing the state's SSBG plan. The best example of our partnership is our shared use of childcare services. DHS actually implements the system whereby childcare providers are licensed and services are purchased for individual children. A portion of childcare funds is allocated to DCS for children who are in state custody or are at-risk of state custody. However, we use the same providers and the same payment system established by DHS, thereby not duplicating the costs of administering childcare services. We also use the DHS TANF dollars to fund the Relative Caregiver Pilot programs recently developed by DCS. Families enrolled in this program must meet IV-E eligibility guidelines.

Because DCS makes extensive use of IV-E and IV-B dollars in funding children's programs, we share access to DHS's ACCENT computer system which houses information on children eligible for these programs. Clearly, the link between our two agencies is strong.

DEPARTMENT OF PUBLIC HEALTH

DCS passes SSBG funds to the Department of Public Health (DOH) to administer the Child Health and Development programs that are available in 26 counties. DOH also administers the Healthy Start program for new parents and their at-risk children.

DEPARTMENT OF EDUCATION

DCS passes funds to the Department of Education to administer the Family Resource Centers (see page _ for explanation).

Community Services Agencies

The network of 12 community services agencies (CSA's) provides an important link for DCS to each county and community in the state. The CSA's each have local boards that review local problems and issues for families in those specific areas. In our annual contract with the CSA's, DCS provides funds to develop services that meet the needs of families in those communities. The CSA's purchase these services on a fee for service basis. This mechanism provides maximum flexibility in meeting needs of families

TENN CARE

DCS has an interagency agreement with the Bureau of TennCare that establishes the means to obtain medical services for children in state custody. DCS eligibility workers review children in custody for Medicaid eligibility. If a child is not eligible for Medicaid, an application is referred to the Department of Health for TennCare eligibility. Virtually all children in custody are eligible for TennCare services and will receive Early Periodic Screening Diagnosis and Treatment (EPSDT)

services through TennCare. All custodial children are assigned to the Managed Care Organization (MCO), TennCare Select, in order to receive medical services and a Primary Care Physician (PCP) is assigned. Children coming into custody received an EPSDT screening, and dental screenings are scheduled annually. Other MCO services include hospitalization, outpatient, pharmacy, home health, and all medically necessary EPSDT services. Each child is also assigned to the Behavioral Health Organization (BHO) and may receive inpatient and outpatient behavioral treatment services. In its agreement with TennCare, custodial children are provided behavioral residential and continuum services. In addition, DCS and TennCare cooperate together through the state's Children's Health Initiative Program, which coordinates EPSDT services.

Working committees include the Commissioner's EPSDT Task Force, which meets monthly, and the Steering Panel, an oversight committee working to assist in the development of a remedial plan to guide how children in custody receive TennCare services.

DCS participates in interagency relationships with the Department of Mental Health and Developmental Disabilities (MHDD), which include the Mental Health Planning Council and the TennCare Partners' Roundtable. MHDD provides services to youth needing intensive hospital-based treatment and to youth with developmental disabilities. In addition, DCS contracts with three state-operated mental health facilities to provide residential behavioral services to custodial children. DCS representatives serve on two working committees that oversee the Nashville Connection, a service grant for severely emotionally disturbed children in Nashville administered by MHDD. These include the System of Care Panel and the Steering Committee.

Evaluation and Summary

As DCS was created through the merger of 6 other state agencies, many of its relationships with these other departments were developed before the DCS was created in 1996. Our history is inextricably linked to the Department of Human Services (the department that originally housed all child welfare programs) and more recently to the TennCare Bureau that provides significant funding and services for our programs. Through memoranda of agreement and contracts we continue to work together with these agencies to meet the needs of children and families in Tennessee. Nonetheless, we still have gaps in the total service array that could be better addressed by joint ventures of our departments. Examples of these gaps include our common struggle in dealing with families and children affected by use of drugs and alcohol; our concerns about families with insufficient income, education and job skills; and youth who experience school-related problems that will likely affect their chances for successful transition into independent living.

3. Does the agency have any agreements in place with other public or private agencies or contractors, such as juvenile justice or managed care agencies, to perform title IV-E or IV-B functions? If so, how are services provided under the agreements or contracts monitored for compliance with State plan requirements or other program requirements and accurate eligibility determinations made, where applicable?

Program/Service Description

The Department of Children's Services contracts with private agencies for many out-of-home services provided to children in custody. These services include: foster care, therapeutic foster care, low intensity group homes, residential treatment services, wilderness programming, sexual

offender treatment services, and high intensity residential service. These agencies do not determine eligibility or levels of intervention, as the eligibility staff and the assessment staff within the DCS carry out these tasks. DCS staff completes an assessment of the family and the child and, through the permanency planning meeting, determines the services needed by the child and family. The contract providers are monitored through the following processes:

- Agencies are licensed to provide out of home care. Licensing reviews are held at least annually.
- Contract agencies have an annual evaluation through the Department of Finance and Administration that includes fiscal and programmatic audits.
- Agencies have an annual review of outcomes and contract compliance.
- The department has established a Quality Assurance Division to monitor and review all contract agencies.
- All youth in contract agencies have monthly face-to-face contact with department case managers.

The Department of Children's Services contracts with the community services agencies and with private contractors for provision of intervention and diversion services. These services include: counseling, intensive probation, case support, educational support services, reunification, adoption support, and wraparound services for at-risk families and youth. These agencies do not determine eligibility but respond to referrals for services through the Department of Children's Services staff. These agencies are audited annually through an outside department, the Department of Finance and Administration, for both fiscal and programmatic compliance. The agencies also are monitored quarterly for compliance with outcome expectations.

Evaluation and Summary

The Department of Children's Services has contracts with private providers to provide both out of home services and intervention and diversion services. Programs under contract have both a program and fiscal audit by the State Department of Finance and Administration audit team annually. The Department of Children's Services has a Quality Assurance Division, responsible for program and compliance reviews for all contract agencies. This includes site visits, case file reviews, outcome tracking, and contract compliance reviews. All agencies providing out of home care must be licensed and must have at least an annual licensing audit. The Department of Children's Services has contracts with two other cooperating Departments, the Department of Education and Department of Health for prevention programs.

4. Citing any data available, discuss how effective the State has been in meeting State plan requirements for determining whether children are American Indian and ensuring compliance with the Indian Child Welfare Act.

Tennessee has no federally recognized American Indian tribes. There is state policy that addresses the department's steps in determining whether a child falls under the jurisdiction of Indian Child Welfare Act. The Bureau of Indian affairs has created and recently filled a position to address the needs of children of American Indian heritage living in Tennessee. The department currently has 16 children in custody statewide who are American Indian.

G. FOSTER CARE AND ADOPTIVE HOME LICENSING, APPROVAL AND RECRUITMENT

1. Discuss how effective the State has been in meeting the requirement to establish and maintain standards for foster family homes, adoptive homes, and child care institutions in which children served by the agency are placed.

Program/Service Description

Currently, Tennessee approves foster and adoptive homes for the placement of children who are not able to remain in or return to their home-of-origin. The Department of Children's Services has established detailed standards for the approval of foster, relative foster, and adoptive homes through policy, and maintains these standards through practice and procedure. According to licensing standards, agencies contracting with DCS to provide foster care and adoption services must meet or exceed the department's standards for approving families and placing children.

Residential placements for children and youth in Tennessee are either operated by DCS or by contracted agencies. DCS operates facilities that serve youth in the juvenile justice system. Children and youth placed in contract residential facilities are primarily adjudicated dependent/neglected, however there are some juvenile justice youth in these facilities, as well. Standards of the DCS-operated facilities and the contract residential placements are comparable, including the staffing patterns and physical requirements. All children in custody, regardless of adjudication and placement, receive case management services from the department. Children and youth in residential placements also have residential staff that coordinates day-to-day services to meet their needs in accordance with their permanency plans. If contract services are necessary and appropriate for out-of-home care, DCS staff refers and contracts for the services through the network of contract providers.

For foster and adoptive parent training, Tennessee uses the Parents As Tender Healers Curriculum (PATH) from Spalding for Children in Michigan. Through its contract with the University of Tennessee and the training department of the College of Social Work, and a contract with Family and Children's Services, DCS offers training courses in the PATH curriculum to DCS staff and private foster care and adoption agencies for their foster/adoption home trainers. This training is offered free of charge to DCS contractors and allows for maximum consistency in the training of foster/adoptive parents in Tennessee. All agencies contracting to provide foster care and adoption services currently prepare families through PATH.

Tennessee has requirements for in-service training for foster parents serving DCS. Private agencies providing foster care services also have in-service training requirements that mirror or exceed those prescribed by DCS policy. DCS-approved foster families are reassessed annually and re-approved based on policy. This re-approval process addresses general parenting issues such as foster care specific issues, home environment, health issues, and training needs. Private agencies have similar re-evaluation processes. Adoption Services procedure requires semi-annual up-dates of approved adoptive home studies. State statute also requires that home studies be updated within six months of the filing of adoption petition.

Should concerns or complaints arise in a DCS approved foster or adoptive placement the department has a process for either investigation under CPS standards or corrective action with foster parents under foster care policy. Private agencies contracting to provide foster care services have similar processes for corrective action taken with their families related to foster care or parenting issues. In the event that there are CPS concerns in a DCS foster home or

contract placement, the department conducts a CPS investigation pursuant to CPS policy. There is no distinction between CPS investigations within foster care and the general community.

Evaluation and Summary

Over the past 3 years, Tennessee's child welfare system, including the children and the foster and adoptive families, has greatly benefited from extensive foster care and adoption policy revision, the introduction of the PATH curriculum, the universal use of this curriculum in DCS and private agency training, a consistent dual approval process for foster care and adoption, contracted specialized adoption services, recent staff training on the home study and assessment process, the availability of policy via the internet, and the most recent provision for increasing the numbers of staff serving foster parents in the area of training and recruitment. These changes and enhancements greatly contributed to Tennessee's ability to provide increased consistency within foster care and adoption services, those DCS sponsored and those for which the department contracts.

During the preparation for the CFSR self-assessment process, a focus group was brought together to discuss issues around foster and adoptive homes. The group was made up of DCS staff from central office and from the regions, as well as staff from contract agencies. Several areas of need regarding consistency of services were highlighted during this process. These issues include the need for a single database of approved foster placements that tracks both DCS and agency families; the need for policy governing the sharing of information about families across agencies, both public and private; the need for more culturally competent practice to equalize availability of services and approval of families from a variety of ethnic backgrounds; and the need for consistent availability of pre-service and in-service training provided in rural areas. These identified areas of concern are being addressed and remedies are planned.

2. Citing any data available to the State, discuss how effective the State has been in meeting the State plan requirement to ensure that the State's licensure standards are applied equally to all foster and adoptive homes and child care institutions that serve children in the State's care or custody.

Program/Service Description

By policy, all DCS foster parents, whether or not related to the children placed in their home, must meet the same criteria for approval. In an effort to place children with relatives or families with whom they have a previous relationship, the department has drafted policy to assure the expedited approval of families while still addressing necessary safety concerns.

In the area of reassessments and re-approvals, foster families are re-approved on an annual basis while prospective adoptive families are updated bi-annually. As a quality assurance check, the department has executed a system of case file reviews that also includes a sampling of foster home records. There is great attention given in this process to the re-approval and re-assessment process. The department is also currently developing a statewide Quality Assurance Unit that will monitor all aspects of the child welfare system including this process of re-assessment and re-approval.

Private agencies that provide foster care services, by their contract and licensure standards, must have a similar process as the department for the re-approval of families. Private agencies providing adoption services follow the same procedures as the Department of Children's Services Adoption Program. The agencies are permitted to utilize their own system of re-evaluation. In most agencies, this process reflects the department's procedures. All contracted agencies are monitored by DCS and the licensure division, and by the Department of Finance and Administration. Each agency's process for re-approval and re-assessment is reviewed in the auditing process.

Through the Community Residential Programs, DCS has 13 minimum-security group home facilities that provide services for youths adjudicated delinquent who have been evaluated and determined appropriate for community placement. Each programs' services are accredited through the American Correctional Association. Five of the programs were re-accredited in fiscal year 2001 with an average compliance rating of 99.9%.

Evaluation and Summary

As noted above, DCS has regulations in policy that anyone, related or unrelated, must meet the same requirements for approval to foster or adopt. Private and contract agencies are held to the same standards that DCS has established for itself.

3. Citing any licensure or safety data available to the State, discuss how effective the State has been in meeting the State plan requirements to conduct criminal background clearances on prospective foster and adoptive families, including those being licensed or approved by private agencies in the State. How does the State address safety considerations with respect to the staff of child care institutions and foster and adoptive families (if the agency has opted not to conduct criminal background clearances on foster care and adoptive families)?

Program/Service Description

In Tennessee there is not a single system for the criminal background clearance procedure. The department and all of its contractors have similar policies on the clearance of individuals to parent or work with children. All these processes are equally thorough. Agencies providing adoption services follow all the same procedures as the Department of Children's Services adoption program.

All DCS staff, volunteers, and foster and adoptive parents are required to complete criminal records checks which include Tennessee Bureau of Investigation (TBI), FBI, local police checks, CPS check and the sex offender registry check. All contract agencies are now required to complete similar checks on all parents, staff and volunteers. Agencies providing adoption services follow the same procedures as the Department of Children's Services' adoption program. The department processes all agencies' requests for CPS records investigations. Since 1996 the Department has required finger printing of all staff and parents.

Evaluation and Summary

Some promising practices in this area include contract agencies conducting annual police checks, the development of licensing and contract standards to require parallel processes between the department and contractors, and the soon-to-be implemented use of electronic fingerprinting by the department.

It should be noted that there are agencies that the department licenses to place children who are not in the department's custody. These agencies have a set of standards that may vary from those designed to meet the needs of children in state's custody and care.

Tennessee does not have access to specific, aggregate data regarding the overall use and outcomes of fingerprinting and criminal background checks on potential foster or adoptive parents or staff and other agency volunteers or staff.

4. Citing any data available to the State, discuss how effective the State has been in meeting the State plan requirement to recruit and retain foster and adoptive families that represent the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed, including the effectiveness of the State's official recruitment plan.

Program/Services Description

Over the past several years and with the adoption of Multi-Ethnic Placement Act (MEPA) and Inter-Ethnic Placement Act (IEPA), Tennessee has made increased efforts in recruitment and retention of foster and adoptive families representing the racial diversity of the children in its care. In the past year, Tennessee developed its first statewide foster care recruitment and retention plan. Each region, recognizing its individuality, developed its own regional plan to meet the needs of children in that particular region. Since August of 2001, Tennessee has committed 36 new positions to focus solely on recruitment and retention issues. These positions compliment already existing training and recruitment positions to develop what in most regions are entire teams of staff whose function is the recruitment, training, and retention of foster parents. There are also adoption units in each region, as well as agencies with specialized adoption contracts, which are charged with the recruitment of adoptive parents in general as well as specific recruitment for identified children. Private foster care agencies were also part of developing the recruitment plan and are recruiting and training their own pool of potential foster parents. Similarly, for the past three years adoption units in each region have developed plans and accessed IV-B part II monies for regional recruitment efforts.

Recruitment efforts within foster care and adoptions in Tennessee are general as well as child specific. Efforts are made to build a responsive pool of foster and adoptive parents who can meet the ever-changing needs and circumstances of the children in state care. Additionally, Tennessee has a limited but developing history of working in faith-based communities to recruit foster and adoptive parents. Efforts are currently underway as defined in the foster care recruitment and retention plan for inclusion of these communities in each region's outreach and recruitment.

As a means of recruitment and retention the state actively supports awareness efforts in November and May related to National Adoption and Foster Care Months. Further, the department supports regional training opportunities and support and recognition activities in the form of conferences, appreciation banquets, and adoption and foster care information booths and fairs. Further, Tennessee has a very strong state foster care association with a network of over 70 local associations. These associations are open to foster, adoptive and kinship parents. DCS supports the efforts of these associations through providing meeting space, liaisons between the department and the associations in the form of staff attending all meetings, and through the funding of the state association conference, newsletters, and its very successful

foster parent advocacy program which works to assist parents in meeting the needs of children and advocating for themselves within the foster care system.

DCS is in the process of initiating the Family to Family program sponsored by the Annie E. Casey Foundation. One of the goals of this initiative is to develop a network of family foster care that is more neighborhood-based, culturally sensitive, and located primarily in the communities in which the children currently live. DCS will begin to implement Family to Family in three pilot regions in the upcoming months.

Evaluation and Summary

The state will have a great challenge ahead in that there will be a growing need for additional foster families as more children and youth exit congregate living and the number of children per foster home is decreased. These are goals which must be met and that will speak more loudly to the need for the continued recruitment and retention of foster and adoptive parents. DCS is working to create new recruitment strategies and initiatives that support meeting the individual needs of children and represent the racial diversity of the children in care. The department is currently implementing several new approaches toward these goals. Turning to a community-based approach for recruitment of homes and placement of children that emphasizes cultural sensitivity should increase the effectiveness of the department's efforts.

5. Citing any data available to the State, discuss how effective the State has been in meeting the State plan requirement to recruit and use adoptive families for waiting children across State or other jurisdictional boundaries. In responding, consider relevant agency policies, timeframes for initiating recruitment activities, and specific methods.

Program and Policy Description

All children who enter guardianship and who have a goal of adoption are registered with our adoption resource exchange, Resources for Adoptable Children in Tennessee (REACT). At the point of registration, the adoption case manager may simply register the child showing an adoptive family has been identified (usually foster/adopt or relative adoption) or a "match" with potential families is requested. Match referrals are done immediately upon receipt of the request and are repeated every 60 days. If after the initial search for family matches, there are no family referrals available or if referrals are inappropriate, the child's picture and profile information is scheduled to become a part of the Tennessee Adoption Profile photo listing on the department's website. At this point, staff is encouraged to develop an individual recruitment plan for the child. Such a plan might include, but is not limited to the child participating in an adoption party (if the child is prepared for the event); having a photo and profile available at adoption fairs; developing child-specific adoption brochures and fliers to share with or display at churches; placing the child's picture on billboards, in magazine and newspaper ads, or featured in child-specific newspaper articles. All children who await adoptive placement are taped and featured on a regularly scheduled segment of a television newscast in the Knoxville area called "Monday's Child". Another feature of waiting children is done through a television station in the Memphis area, and while this series is not as historical or comprehensive statewide as "Monday's Child", this venue has been responsive to those children who have been waiting the longest or to children who are identified as having significant challenges.

If, after the 60-day search, there has been no match or appropriate match for a child, the child is registered with the National Adoption Resource Exchange of America. For children who have been in guardianship and awaiting a family for a period of time, the Department and special needs adoption services contract provider staff have been encouraged to register the child with "Adopt America" as well. With some very difficult to place children, we have also consulted with out-of-state child placing agencies that have a successful history in recruitment and placement of children.

Tennessee's website, www.state.tn.us/youth/adoption, which features photos and profile information for our waiting children, has generated many inquiries from prospective in-state, out-of-state and some out-of-country adoptive parents. As a result of this exposure as well as the multi-state television media in both west and east Tennessee, we have experienced an increase in the number of children receiving out-of-state placements. The ICPC office also reports that as a result of the ASFA legislation, the number of foster-to-adopt (usually relative placements) has increased the number of children receiving permanence through adoption in out-of-state placements.

To enhance DCS responsiveness to families who inquire about the department's children, regional adoption teams who do not have a toll-free telephone number are in the process of establishing such systems. The department has developed criteria for responding to families using this line of communication, as well as a common state/region specific response regarding the children who wait in the geographic areas of the state.

These recruitment expectations and response to families applies to both departmental staff and those agencies with whom DCS contracts for special needs adoption services. In an effort to ensure that all families who are approved for children with special needs are included in our adoption resource exchange, the department has included a reimbursement fee to be paid to the contract provider for the recruitment and preparation of the family when departmental staff select an adoptive home being served by and the post placement services are provided by the contract agency. To encourage the sharing of homes among the agencies, a similar payment schedule is encouraged between the agencies and through sub-contracting approved by the department.

With regard to county jurisdictional barriers and to allow for the timely filing of adoption petitions, Tennessee state statute allows Tennessee residents who file to adopt within the state a choice of filing venues. Tennessee Code Annotated 36-1-114 allows the adoption petition to be filed in the county where the petitioners reside, where the child resides, where the child resided when the child became subject to the care and control of a public or private child-caring or child-placing agency or in which is located any licensed child-placing agency or institution operated under the laws of his state having custody or guardianship of the child or to which the child has been surrendered.

With regard to state barriers, persons who have received placements of children from other states and become residents of Tennessee may file and have the adoption become final in other states, if those state statutes so allow. Tennessee statute requires state residency for the filing of the adoption petition in Tennessee. For those persons who are residents of Tennessee and file the adoption petition in Tennessee but move prior to the finalization of the adoption, they may continue the adoption proceeding in Tennessee through finalization of the adoption. By statute, military personnel who claim Tennessee as their state of residence may petition to adopt in the state of Tennessee despite their present assignment and location. These statutes apply to any adoption within our state despite how the placement may have occurred.

Evaluation and Summary

Tennessee uses a variety of means to identify and secure potential adoptive families for children and to allow potential adoptive families to inquire about children available for adoption. It is through such efforts that Tennessee has been successful in the growth in the number of adoptive placements/finalizations. It is anticipated that the number of out-of-state placements will increase as efforts of educating the public about Tennessee's waiting children are enhanced.

Some of the barriers DCS faces are helping staff be more accepting of families prepared by other agencies and unknown to the department's own adoptive home system. Likewise, the timeliness of recruitment considerations and implementation of recruitment planning for children must be an on-going emphasis.

SECTION III. DATA PROFILES FOR SAFETY AND PERMANENCY OUTCOMES

Please page A-1 in the Appendix for profile attachments.

SECTION IV. NARRATIVE ASSESSMENT OF OUTCOMES

A. SAFETY

Outcome S1: Children are, first and foremost, protected from abuse and neglect.

Outcome S2: Children are safely maintained in their homes whenever possible and appropriate.

Based on examination of the safety data elements on the safety data profile in section III, and the State Child and Family Services Plan (State IV-B plan), please respond to the following questions.

Calendar year 1998 child safety data were obtained from the former SSMS database. Calendar year 1999 data were obtained from SSMS for January through October, when the database was shut down. Projections were made for the remaining months to produce the calendar year 1999 estimates provided. The new SACWIS was transitioned in between October 1999 and December 2000, so that complete and reliable child safety data were not available from the TN KIDS database during this period. The numbers reported for calendar year 2000 are estimates based on manual reports of child safety cases. The department submits SDC reports. The DCDC data elements are scheduled to be included in the system by the end of 2002.

1. Trends in Safety Data. Have there been notable changes in the individual data elements in the safety profile in Section III over the past 3 years in the State? Identify and discuss factors that have affected the changes noted and the effects on the safety of children in the State.

Policy and Program Description

Since its inception in 1996, the Department of Children's Services has worked diligently to improve outcomes for the safety and well-being of children and their families. A number of initiatives have been undertaken to evaluate the Child Protective Services Program and to begin putting in place the changes needed. In August of 1999, the Child Welfare League of America (CWLA) was asked to evaluate the CPS program. Forty-five focus groups were held statewide.

Groups included DCS staff from all levels of the organization, judges, juvenile court representatives, law enforcement, school officials, and service providers. CWLA reviewed existing policies and procedures, reports on earlier case file review studies conducted by the University of Tennessee, and the training curriculum. The findings and recommendations from the CWLA report were submitted to the bipartisan Select Committee on Children and Youth, as well as the Citizens' Review Panels, DCS staff and the Children's Justice Task Force, which is comprised of professionals who work in the area of child protective services.

A CPS work group was established to develop a three-year plan including short-term and long-term goals to address these findings and to participate in the development of relevant policies. A number of policy changes were made to provide clarity and guidance, including expansion of the types of allegations with definitions and minimal investigative requirements for each allegation, criteria for response times, responding to reports of children placed at risk by domestic violence, and expansion of our policy related to substance abuse to incorporate the production of Methamphetamine in the presence of children. In addition, policy was written to provide guidance for written protocols with other community partners such as child advocacy centers and forensic interviewers serving on investigative teams. Policy changes emphasized the methods available to assure safety of children during the investigation and for the long term. There was also an expansion of the efforts to recruit relative resources for children and to seek adjudications that will identify the alleged perpetrator and better insure the ability to protect other children in the future. The draft policies were taken to each region where input was sought from the field before the policies were finalized in April 2001. In January 2002, minor revisions to these policies were released. Management tools were introduced to better monitor the regional activities in the CPS program.

There were several areas identified for improvement which include intake, training, organizational design, and equipment. The critical changes described below represent the department's efforts to recognize and make better use of present resources, and to create systemic changes and additional resources to meet the challenges of continuing to improve outcomes.

INTAKE

In our current system, child abuse is reported to the local DCS offices in the 95 counties in Tennessee. Case managers or secretaries take reports, except in the urban regions. After-hours calls are taken by answering services, which forward messages to on-call case managers for intake. In addition to a lack of consistency in the quality of information collected through these methods of intake, the screening decisions made by team leaders and the assignment of the response priorities were issues identified in the Child Welfare League study. DCS received funding in July 2001 to develop a statewide-centralized intake that will receive reports 24 hours per day, 7 days a week. Trained CPS case managers will receive the reports, which team leaders will then screen and assign response priorities. A special telephone line will be set up for law enforcement and medical professionals to report. Efforts are underway to retain the linkages with community partners responsible for reporting child abuse and to assure that the public is better educated about their responsibilities to report any suspicion of abuse or neglect.

TRAINING

CWLA recommended that efforts be made to better train staff and to retain them. The department has revised its pre-service training for all DCS staff to include five days of training specific to their program specialty. In addition to the pre-service training changes, Child

Protective Services investigators receive 18 hours of empirical child interviewing training and 21 hours of training on investigation techniques and behavioral analysis. This training is also offered to some law enforcement representatives. In the fall of 2001, a supervisory training seminar was piloted in two regions of the state to focus on CPS supervision and management.

ORGANIZATIONAL DESIGN

The department recognizes that the way our staffing pattern in the field is configured has a significant impact on our ability to adequately supervise and support staff. In some areas, our CPS staff has been supervised by persons who had little or no experience in CPS or who were responsible for multiple child welfare program areas. CPS staff in rural areas is being reorganized so that team leaders have no more than two program areas to supervise, and some have been able to adjust responsibilities so that their team coordinators supervise only CPS units. Long-term plans are to bring the supervision ratio to one team leader per seven case managers.

One effort to expand the community partnerships in child protection includes the funding by the department of 11 child advocacy centers. These centers are located both in rural and urban areas of the state. In five of the centers, Child Protective Services staff from DCS is housed at the child advocacy centers. In addition to DCS staff, some centers also house law enforcement, prosecutors, treatment providers, and physical exams for child sexual abuse occur onsite at some of the centers. In addition to these centers, there are approximately 10 others that are in operation or in development across the state. The department also contracts for child advocacy centers to provide seven child forensic interviewers to assist with investigative interviews. The funding provided to the centers also facilitates training opportunities for the child protective investigative teams (CPIT). Child advocacy centers also participate in a data collection effort, which provides detailed information on child victims and perpetrators of child sexual abuse and severe abuse. This data is reported annually to the legislature.

The department has received funding to expand the CPS program to establish a Special Assist Team. This team will conduct all investigations involving foster care, residential care, residential daycare, school, and other third party referrals. The teams will be housed in the regions and will be located where the higher volume of these reports is received. They will have statewide responsibility and will be managed centrally to improve the quality of the investigations, to assure due process for the perpetrators and to allow the other CPS case managers to focus on reports involving families. The Special Assist Team will be operational in the spring of 2002.

Long-range plans are to establish an alternative response to CPS investigations, which will allow for an assessment of families that pose lower risk to children. A study has been completed by the state Child Sexual Abuse Task Force and a report will be submitted in February of 2002 regarding an alternative CPS response.

Citizens Review Panels. Tennessee has three citizen review panels that provide input in the policy, procedures, and operation of the child protective services program. The three panels are located in Memphis, Clarksville, and rural Northwest Tennessee. They address systemic CPS issues in their home communities and examine state issues as well. The panel members review outcome reports from other studies in Tennessee related to child welfare including the Child Fatality Report, Tennessee Supreme Court Improvement Program for Juvenile Dependency Cases, Children's Justice Task Force three-year recommendations, Child Welfare League of America Child Protective Services Review, Risk Oriented Case Management report identifying specific trends in Tennessee's Child Protective Services program, and the Evaluation

of the Child Advocacy Program in Shelby County. The Review Panels are in the process of reviewing the CAPTA assurances and each panel is uniquely completing this task.

The local panels have individually met eight times since the initial orientation session. A representative from the local Department of Children's Services and the UT SWORPS facilitator attend these meetings. In addition to their regular local meetings, the panel members have met with various other agencies and task forces, both statewide and local, to provide continuity in the evaluation of the Child Protective Services in Tennessee. The Citizen's Review Panels have made recommendations for statewide changes through their representatives on the Children's Justice Task Force.

Children's Justice Task Force/Child Sexual Abuse Task Force. The Children's Justice Task Force and the Child Sexual Abuse Task Force have joined forces to meet as a collective group. They have participated in the review of Tennessee's child protective services, not only in the prevention, detection, investigation and prosecution of child sexual abuse, but also in areas of physical abuse and neglect. As a group, they have assessed systemic issues, service provision and child protective policy among other issues.

As a result of this collaboration, services to children and families have been positively affected in a number of ways. Based on the group's recommendations, existing child protective services policies have been re-written and new policies have been developed. The recommendation of a centralized child protective services intake is in the beginning stages of implementation. A recommendation for specialized staff to investigate third party allegations has also been addressed and this system will be in place in 2002. The recommendations of the task forces also resulted in a program specialist being hired in the central office child protective services program. This individual works extensively with the child advocacy centers and other Child Protective Investigation Team (CPIT) members. The task force members have made a number of additional recommendations and the Department is in the process of evaluating them for implementation.

EQUIPMENT

The department received authorization to purchase cell phones for all case managers and team leaders to assure they have access to a phone in the event of a crisis while in the field.

Data Description

Tennessee's NCANDS data, listed in the Child Safety Profile I. Total CA/N Reports Disposed, shows that the total number of duplicated child victims investigated increased significantly (54.4%) from 33,629 reported in 1999 to 51,917 in 2000. However, the increase (18,288) in the number of duplicated child victims reported in calendar year 2000 should not necessarily be viewed as an actual increase. Rather, it is a reflection of a manual and more accurate count of investigations for calendar year 2000 than reported by Tennessee's pre-SACWIS CPS computer system that supplied the data for the NCANDS calendar year 1998 and 1999 reports.

Tennessee's pre-SACWIS CPS computer system, Social Services Management System (SSMS), did not have the ability to track the number of reports/investigations conducted by CPS staff for calendar years 1998 and 1999, nor could SSMS identify unduplicated (unique) children who were the subject of a CPS investigation. For that reason, the data shown in Table 1 reflects the number of child victims, rather than the number of reports/investigations completed by CPS staff.

Year	Population	Population Increase Over Previous Year	Number of Child Victims	Percent Child Victims Increased or Decreased
1998	1,331,401	Not Applicable	32,286 ¹	Not Applicable
1999	1,340,930	0.7%	33,629 ²	+4.2%
2000	1,400,000	4.4%	51,917 ³	+54.4%

¹ Child Maltreatment 1998, Reports from the States to NCANDS

² Child Maltreatment 1999, Reports from the States to NCANDS

³ Estimated count

Other Data Reports

CPS initiated a weekly report in November 2001 that tracks the number of investigations assigned as well as the response time in which the investigations were initiated. Since that time the total number of investigations assigned each week ranged from 263 to 646. The priorities of response range from Priority 1 (response to be same day as assigned), Priority 2 (response to be next day after assignment), and Priority 3 (response to be within five working days of assignment). Across the three-month period from November to January, the percentage of Priority 1 cases that were responded to within the prescribed timeframe ranged weekly from 94 to 100%. For Priority 2 cases, those responded to within the timeframe ranged from 90 to 94% from week to week. For Priority 3, those responded to within the timeframe ranged from 79 to 90%. A system-generated report also informs managers of the number of cases beyond the 60-day statutory timeframe for completing investigations.

A monthly report is collected in each region, which includes the number of all child abuse reports received, the number of reports screened out, the number of staff positions available in each region and the actual number of staff available to receive referrals, the number of new reports assigned each month, and the number of total open cases. Team leaders conduct a monthly review of a sample of each case manager's cases to look at quality and compliance with policies. CWLA recommended no more than 12 new referrals assigned per case manager per month, which excludes duties to receive verbal reports or intakes. The average number of reports assigned per case manager is 12, however, the range across the state varies, from as low as 7 referrals per month, up to 17 per month. The average number of total cases open per available case manager is 37.

Evaluation and Summary of Findings

The department's CPS Program is in transition and a number of activities are underway that will provide the capacity to better evaluate outcomes of the program and outcomes for children in the future. The TN KIDS database is being enhanced to provide the data and the reports needed to assist with this effort. We anticipate the TN KIDS database will be enhanced so that beginning with calendar year 2003 much more information will begin to be collected (e.g., individual-level DCDC data). This will make it possible for the CPS Program to report more accurately the data for the Child Safety Profile as well as statewide aggregate data to determine substantial conformity for items VI. Recurrence of Maltreatment and VII. Incidence of Child Abuse and/or Neglect in Foster Care. Clearly, as the ability of the CPS program to utilize computer-generated reports to analyze trends in Child Safety Profile data performances

increases, so will the CPS program's ability to effectively examine existing CPS policies, procedures and practices to improve safety outcomes for children.

2. Child Maltreatment (Safety Data Elements I & II). Examine the data on reports of child maltreatment disposed during the year by disposition of the reports. Identify and discuss issues affecting the rate of substantiated vs. unsubstantiated reports and factors that influence decision-making regarding the disposition of incoming reports.

Policy and Program Description

CPS policy requires that a classification finding be determined for each allegation. For indicated allegations, the alleged perpetrator is to be documented when known. In April 2001, CPS policies were changed to define the allegations more clearly, and new instructions were included on a set of minimal investigative activities to be conducted for each allegation. Policy changes also increased the responsibility for quality assurance of team leaders by requiring them to review case files and the classification findings before approving cases for closure. Policy also encourages increased participation of departmental attorneys in critical decision points.

The Child Protective Services Commissioner's Case File Review of Indicated Neglect or Abuse Investigations, Policy 14.10 went into effect April 2000. The policy states that DCS staff shall provide an appeal by way of a Case File Review to any individual who 1) has been classified as an indicated perpetrator of child abuse or neglect and 2) who disagrees with the indicated classification. The appeals process is designed to:

1. Provide any individual classified as an indicated perpetrator the opportunity to have the classification reviewed;
2. Serve as a quality assurance mechanism to assure compliance of staff classifications with CPS standards; and
3. Enhance the CPS Program by providing a review of the findings of indicated classifications.

From April 2000 to June 2000, there were 107 cases in which the Commissioner's Case File Review (CCFR) was requested. One case may include several allegations. During the aforementioned period, there were 121 allegations contained in the 107 cases requested for review. Ninety-nine of these allegations were reviewed. Cases not reviewed were not eligible at that time due to court hearings, late requests, etc. Fifty-four percent of the 99 allegations were upheld, meaning that there was substantial and material evidence to support the indication.

In FY00-01, there were 693 requests for review, which included 1,028 allegations. Three hundred and ninety allegations were reviewed. The percentage of allegations upheld was 65% overall. In March 2001, a report was distributed to the field outlining the details of the process including reasons allegations were overturned. Such reports should be useful in identifying training needs for a region, a county or even a particular case manager.

In February 2001, the department implemented an assessment tool for cases being reviewed via the CPS Commissioner's Case File Review and CPS Due Process cases. This assessment tool measures adherence to policy and the qualitative aspects of cases. The assessment data will also be provided to the regions on annual basis, so that this can be another guide for enhancing performance.

In compliance with Administrative Policies and Procedures: 14.11, Child Protective Services Due Process, the CPS program has an appeal process in place for the review of certain categories of indicated perpetrators. An indicated perpetrator of physical abuse, severe physical abuse, sexual abuse or severe neglect, whose employment or volunteer status in an organization/agency could be negatively affected by the indicated finding, is entitled to an appeal of the indicated finding. The appeal process is a two-tiered process that includes 1) an internal review by the Commissioner's Designee in the central office, and 2) a formal hearing by an administrative officer if such indicated finding is upheld at the internal review level, and if requested by the indicated perpetrator.

The commissioner's designee conducts a hard copy review of the investigation with a proposed indicated finding and supporting case file/computer documentation. The appeal process takes one of the following courses:

- If, after the internal review, the commissioner's designee finds that substantial and material evidence has not been established to support the proposed indicated finding, the commissioner's designee will so notify the responsible CPS staff. Once notified, CPS staff will change the file documentation to reflect an unfounded finding and notify the perpetrator in writing of the change in the classification decision.
- If the commissioner's designee agrees with the proposed indicated finding and determines that substantial and material evidence has been sufficiently documented, the commissioner's designee will advise the indicated perpetrator in writing of his or her right to request an independent hearing by an administrative hearing officer. The administrative hearing officer reviews the documentation and either upholds or overturns the indicated finding, advising both the indicated perpetrator and pertinent CPS staff in writing of the administrative hearing officer's final decision. The administrative hearing officer's written decision represents the final decision of the Department of Children's Services.

Implementation of this appeal process has resulted in modifications to policy as well as clarification of training and procedural guidelines to assist CPS staff in determining the type of evidence needed to meet the CPS classification standard of "substantial and material evidence" to classify an investigation as indicated.

Data Description

Over the three-year period a total of 117,832 child victims were investigated (32,286 in 1998, 33,629 in 1999 and 51,917 in 2000). Of that number 37,113 or 31.5% of child victims were indicated and 80,719 or 68.5% were unfounded. The data available for the 1998-2000 calendar years suggested no significant changes over the three-year period. The data analysis for FY 2002 will be used to evaluate any impact of the policy changes.

Due to the low number of investigations reviewed as a result of the Due Process Review described above, the review process is not thought to have had a significant impact on Tennessee's indicated rates for Calendar Years 1998-2000. The following table shows the results of the due process review by the commissioner's designee (CD Review) and the Administrative Hearing Officer Review (AHO Review).

Year	Perpetrators Reviewed	CD Review Upheld Finding	CD Review Overturned Finding	AHO Review Upheld Finding	AHO Review Overturned Finding
98	59	47	12	NA	NA
99	63	36	27	4	12
00	69	56	13	9	11

Evaluation and Summary of Findings

The data indicates there was very little change in the Indicated Rates for calendar years 1998 through 2000. It is felt that the newly revised CPS policies that were finalized in April 2001, will improve and enhance the investigative and decision-making skills of CPS staff, further assisting in the protection of children from harm. The revised CPS policies will also provide the CPS Program with the framework that will promote and evaluate statewide consistency in investigative performances and decision-making.

3. Cases Opened for Services (Safety Data Element III). Compare the cases opened for services following a report of maltreatment to the rates of substantiated reports received. Discuss the issues affecting opening cases following reports of maltreatment and reasons cases are or are not opened.

Policy and Program Description

In July 2000 the department launched a new program in the 6 eastern regions of the state to focus specifically on reducing risks and meeting needs of non-custodial or pre-custodial children. The program, Family Support Services, is provided through contracts with the community services agencies. The stated goals of the FSS program for the CPS population include: keeping children safe in the community with their families and reducing the number of children placed in state custody. In July 2001 we began our efforts to complete our statewide implementation of the program. This implementation will be complete by February 2002.

Family Support Services (FSS) serves a wide variety of children who are at risk of entering state custody, including those who are at risk of abuse and neglect. Children who are referred to the program by CPS staff have been subjects of a child protective services investigation, and the CPS investigation has determined risk of harm to be intermediate to high. The determination is made using the Family Strengths and Risk Assessment instrument. This system is based on the family systems model and seeks to look at a variety of family issues or contributing problems, not just a single incident of child maltreatment. Staff is trained to consider how each factor may represent a risk to the child or may be a strength for the family. The entire constellation of family circumstances is considered in order to evaluate the overall risk of harm to a child in a home.

Once the risk issues are established in a given situation, CPS staff then determines if home-based services is an appropriate option to keep the child safe, strengthen the family, and prevent placement in state custody. These cases are then referred to the Community Services Agency (CSA) for the region in order to receive FSS services. The family will receive case management and other purchased services such as intensive family preservation services, counseling, parent education, or homemaker services in order to reduce the risk of harm. The

average length of services is expected to be 6 months. If the family refuses services or if risk escalates during service delivery, then the CSA will refer the family back to DCS child protective services for subsequent safety decisions. Options may include court ordered services or removal from the home, depending upon the level of risk.

In addition to FSS services, there are a variety of primary prevention and intervention programs provided through the collaborative efforts of many disciplines within the community (educational, medical, psychological, business, and social service) designed to meet the needs of children and families before they come to the attention of the child protective services program:

- The 104 family resource centers, representing 79 school systems in 65 counties are based at local schools and work proactively to establish partnerships with parents, community and business leaders, and agencies that provide social services.
- Eight Healthy Start programs are funded through Title IV funds help to identify at-risk families and provide home visits to promote family health and prevent child abuse.
- Forty-three child abuse prevention contracts, totaling \$1,145,222 provide primary and secondary prevention services. These grants fund services such as parent support groups, parenting education, in-home visitation, skills training for children and youth, and public awareness of child abuse.

Data Description

Prior to the inception of the FSS program we had no data on the number of families who received pre-placement prevention services (tertiary services). The TN KIDS data system is currently being refined to capture data concerning this client population. The community services agencies that administer this program collect data of families served in the program, utilizing an ACCESS database. Since the program was only operational in the 6 eastern regions of the state during FY 2001, we only have data for that area. In FY 2001 FSS programs in the eastern portion of the state served 2,337 children, representing 1,805 families.

Evaluation and Summary of Findings

Our lack of data at this point makes it impossible to draw meaningful conclusions about the relationship between the provision of Family Support Services and other prevention/intervention programs and the reduction in incidents of child abuse and neglect. Increasing our capacity to capture data on the children and families who receive this service and the outcomes is a goal for the coming year.

As a means of measuring outcomes, the FSS program has implemented a strengths-based family assessment that identifies critical issues in family functioning. At the onset of a case referred by CPS, FSS staff receives a copy of the CPS risk assessment and confers with the CPS staff about the concerns regarding the family. Taking this information into consideration, the FSS staff then meets the family and complete a family assessment that identifies areas to address in the service plan and in service delivery. The assessment is a scored instrument that gives more points for strengths and fewer points for areas of concern and risk issues. This instrument is completed at the beginning of service delivery and at closure as a means to measure a family's progress in building strengths. In future years, we will also have the capacity to measure the re-occurrence of reports of child abuse or neglect in families that are receiving this service. We will be able to do this through our TN KIDS database.

4. Children Entering Foster Care Based on Child Abuse and/or Neglect (CA/N) Report (Safety Data Element IV). Identify and discuss issues affecting the provision of home-based services to protect children from maltreatment and whether or not there is a relationship between this data element and other issues in the State, such as availability of services to protect children, repeat maltreatment, or changes in the foster care population.

Policy and Program Description

With child safety as the first priority, CPS staff develops intervention strategies and plans of services that are directly related to abuse/neglect issues and the reduction of risk concerns identified within a family. CPS staff must consider the feasibility and practicality of a temporary family-based safety plan. Any safety plan that involves a child leaving his/her residence, having a parent leave his/her residence or in any way restricts contact between a child and a parent/caretaker must have the prior approval of the CPS team leader and DCS attorney. If it is not possible to ensure the safety of the child in his/her residence, with relatives, or with other appropriate caretakers, CPS staff shall consult with the CPS team leader and DCS attorney, taking actions necessary to petition the juvenile court for the child to be placed in state custody. Prior to any effort to place a child in state custody, CPS staff must attempt all reasonable efforts to ensure the safety of the child in his/her residence or community, unless it is not in the best interest of the child to do so. These efforts may include enacting a safety plan, providing services to reduce risk, and identifying relatives to provide for the safety of the child.

Based on the assessment of risk, DCS staff may file petitions for emergency or non-emergency removals. If CPS staff considers a child to be at immediate risk of harm and reasonable efforts to ensure the safety of the child have been unsuccessful, an emergency petition may be filed with the juvenile court to physically remove the child from the residence of the present caretaker. A non-emergency removal is a legal proceeding where CPS staff petition for custody without requesting that the child be immediately removed from the home. This type of action is appropriate when a plan to establish the child's safety is in place for a limited period of time and all parties continue to be cooperative but the child's safety would be immediately jeopardized by a change in the current setting. This time-limited plan makes it possible for the child to safely remain in the current setting until all parties can present their information in juvenile court.

When a child enters an out-of-home placement, the family's strengths and needs are assessed so that the appropriate services can be provided to facilitate reunification or other permanency goals. With the support and collaboration of the legislature and community sources, DCS implemented a comprehensive home-based service program, Family Support Services, in July 2000. This program enhances the department's ability to keep children safe, strengthen the family and prevent the child's placement in state custody. (Please refer to Section 3. Cases Opened for Services, Item 1., for a detailed description of this program and corresponding services.)

Data Description

Tennessee currently does not have the computer capability to distinguish between children entering state custody based on a child abuse/neglect report and children who entered custody for delinquent/unruly behavior. Consequently, Tennessee is unable to report the number of children entering foster care after an indicated report (Child Safety Profile - IV. Children Entering Care Based on CA/N Report) for Calendar Years 1998-2000.

Evaluation and Summary of Findings

Tennessee is unable to generate computer data on the number of children entering out-of-home care due to abuse or neglect. It is expected that the FSS program and its array of services will enhance the department's ability to keep children safe, strengthen families and prevent placement in state custody. However, there is not yet data to support those outcomes.

5. Child Fatalities (Safety Data Element V). Identify and discuss child protection issues affecting child deaths due to maltreatment in the State and how the State is addressing the issues.

Program Description

Child fatalities reported to the Department of Children's Services are screened to determine whether a parent or caregiver caused the fatality through abuse or neglect of the child. Information about a child fatality that does not meet the criteria for a CPS investigation is referred to law enforcement for possible investigation. DCS investigates when there are allegations that the death of a child was due to either abuse or neglect. These allegations are handled in the same manner as allegations of severe child abuse. Current policy defines death from abuse as resulting "from direct action of the child's caretaker or the consequence of the child's caretaker to stop another person's direct action". The policy defines death from neglect as resulting "from the caretaker's failure to meet childcare responsibilities".

CPS policy requires that the director of CPS be notified of situations involving the death or serious injury of children who are part of an active CPS investigation or who have been served through child protective services within two years of the child's death/serious injury. Relevant case file documentation is to be forwarded to the director for a CPS Program Review and staffing. As the result of the file review and staffing with involved CPS staff, CPS program staff prepares a report that provides an analysis of policy compliance, an assessment of the quality of judgments at critical decision points and a summary of the strengths and weaknesses of the case.

The Department of Children's Services is an active participant in the Tennessee Child Fatality Prevention Team Program, administered through the Tennessee Department of Health. CPS staff served on the 34 local teams that represent the 31 judicial districts in Tennessee. The Child Fatality Prevention Teams review all deaths occurring among resident children under the age of 18 years. Through the review of the cause and circumstances that surround the death of a child, the local teams determine if the death was preventable. The details of each child fatality are reported by the local teams to a state team using a standard data collection instrument. The statewide data is presented by the state team in an annual report. The annual report identifies trends and patterns and encourages collaborative efforts between state and local agencies and community organizations to make systemic changes that will reduce or prevent future child deaths. In 1998 and 1999, the local teams reviewed 2,095 child deaths or 98.6% of all child deaths in Tennessee.

Data Description

The Child Safety Profile item V. Child Fatalities indicates that Tennessee had 12 child fatalities attributed to abuse or neglect in calendar year 1998, 16 child fatalities attributed to abuse or neglect in calendar year 1999, and three fatalities attributed to abuse or neglect in calendar year

2000. The number of indicated child fatalities for CY2000 were elicited from a computer generated report. However, the CPS Program does not have an accurate or near accurate computer listing of CPS investigations conducted in CY2000. Consequently, the three child fatalities represent an unknown number of the CPS fatality investigations that may have been conducted and classified by CPS staff. The difference in CY 2000 data in comparison to previous years is attributed to the change in data systems.

In both calendar year 1998 (0.12%) and calendar year 1999 (0.16%), the number of child fatalities attributed to abuse or neglect represents less than 1% of the children who were indicated for all allegations of abuse or neglect.

The Tennessee Child Fatality Prevention Teams (TCFPT) reviewed 2,095 child fatalities in 1998 and 1999, and identified 41 child fatalities (1.9%) were identified as resulting from child abuse or neglect. The following table reflects the number of child fatalities for which the primary cause of death was determined to be the result of abuse or neglect as reported by TCFPT and DCS Child Protective Services. Complete calendar year 2000 data is not currently available.

Fatalities with Child Abuse/Neglect As Primary Cause of Death		
Year	TN Child Fatality Prevention Team	DCS Child Protective Services
1998	11 ¹	12
1999	30 ²	16
2000	Not Available	3

¹ Homicide Fatalities only

² Includes both homicide fatalities and neglect concerns

The TCFPT statistics differ from those reported in the Child Safety Profile – V. Child Fatalities, in that they can include a number of deaths that do not meet the criteria for CPS investigation. In order to be investigated by CPS, a child's death must be suspected as being caused by the abuse or neglect of a responsible caretaker. A caretaker is defined as a person responsible for the care and/or supervision of a child. Calls to CPS involving non-caretaker perpetrators would not be assigned for CPS investigation.

Evaluation and Summary

This number of indicated child fatalities were elicited from a computer generated report for CY2000. However, the CPS Program does not have an accurate or near accurate computer listing of all CPS investigations conducted in CY2000. Consequently, the 3 child fatalities represent an unknown number of the CPS fatality investigations that may have been conducted and classified by CPS staff in CY2000. The difference in CY 2000 data in comparison to previous years is attributed to a change in data systems.

6. Recurrence of Maltreatment (Safety Data Element VI). Discuss whether or not the State's recurrence of maltreatment conforms to the national standard for this indicator, the extent to which the State's rate of recurrence of child maltreatment is due to the same general circumstances or same perpetrator, and how the State is addressing repeat maltreatment.

Policy and Program Description

In recognition of the importance of assessing child safety and reducing the recurrence of maltreatment, the CPS Program has developed a risk based decision-making model and instrument, titled CPS Strength and Risk Assessment. The decision making model and instrument directs CPS staff to evaluate a defined list of twenty-three assessment factors and corresponding risk variables to ensure that all components of the child's and family's environment be evaluated during the CPS investigation. By making important discriminations among the twenty-three assessment factors, the CPS Strength and Risk Assessment distinguishes the areas of greatest strengths and risk within a family, which in turn, should focus and drive the provision of child protective services to prevent the recurrence of abuse and neglect. This risk based decision-making model ensures that the immediacy, method of contact and extent of child protective services intervention is consistent with the assessed level of strengths and risk.

Data Description

In 2000, 127 (2.8%) of the 4,490 unique child victims who were the subject of an indicated report of abuse or neglect within the first six months of the calendar year were the subject of a subsequent indicated report of abuse or neglect within a six-month period of time. The only source of data for recurrence of maltreatment is the TN KIDS system, which was being implemented statewide during CY2000. For the substantiated/indicated element, 16,572 substantiated child victims were estimated. We think this figure is an accurate reflection because it is based on a reliable manual count of child reports. However, the TN KIDS data for calendar year 2000 show only 8,022 unique victims entered in the system, roughly half of our best estimate. We believe that the 8,022 figure is not an adequate representation of our client population, but is a result of the growing pains involved in implementing a new system. Due to the steep learning curve in becoming proficient with the system and some systemic issues that required revision, staff simply did not accurately enter all children who were subject of a report or who were later identified as substantiated child victims. It was necessary to use the 8,022 child victims reported in TN KIDS to calculate the recurrence of maltreatment as it was the only source of information available.

Evaluation and Summary of Findings

Based on the estimated numbers, Tennessee performed (2.8%) well within the national standard (6.1%) in the prevention of recurrent child maltreatment. Enhanced and improved risk-based investigative practices, policies and procedures for CPS investigations; increased collaboration with community based agencies and service providers; and the provision of prevention services have combined to contribute to Tennessee's performance in this Child Safety Profile. The data appears to indicate that Tennessee's current provision of child protective services has been effective in keeping the rate of recurrence of maltreatment under the national standard.

7. Incidence of Child Abuse and/or Neglect in Foster Care (Safety Data Element VI). Discuss whether or not the State's incidence of child maltreatment by the foster care provider conforms to the national standard for this indicator. Discuss the ways in which the State is addressing this issue and whether or not there is a need for additional measures to ensure the safety of children who are in foster care or preadoptive placements.

Policy and Program Description

With the release of revised CPS policies in April of 2001, further clarification was provided with regard to the investigation of child abuse and neglect of children in foster care. CPS conducts investigations of abuse or neglect in these situations. Case managers for the foster home and child are made aware of the report and efforts are made to assure the safety of the children without unnecessary disruptions. In instances involving residential facilities, the department and CPS staff coordinate investigations with the appropriate licensing agency. Regional Child Protective Services staff provides orientation to foster and adoptive applicants regarding child protective services and a foster parent advocacy program has been established to be a resource to foster parents. The department also screens foster and adoptive applicants with regard to past child abuse or neglect involvement and past criminal history.

With regard to children in foster care, prior to a recommendation that a child be returned to a home from which they were harmed, a child protection services strength and risk instrument must be completed which should guide the foster care case manager in assessing the risk issues prior to recommending the child return home. In matters of findings of severe child abuse, State Statute requires a commissioner's file review be conducted prior to the department recommending a child return to the home from which they were abused. Foster parents or residential providers who are indicated for child abuse are offered an administrative hearing through due process procedures. The department does not maintain a central registry for purposes of releasing information on child abuse reports to the general public. These due process procedures are the method in which the department can release information about known childcare providers who have committed child abuse. If the finding is upheld through this administrative hearing process and the person later becomes a caretaker and becomes known to the department, the information about this past history can be released at this time.

Data Description

A total of 39 child victims were identified through a computer search of the 8,022 child victims entered in the database for calendar year 2000. Child victims were identified for whom the computer showed a relationship code to the perpetrator of "foster mother", "foster father", "none", and "other non-relative". This search was necessary to identify the possible number of foster parents and residential facility staff perpetrators that were indicated for the abuse or neglect of a foster child. Once these cases were identified, the number in state custody at the time of the report was determined. Since the 39 child victims were identified from what is known to be an underreported count of indicated child victims, the ratio of 39/8022 was applied to the estimated indicated victims of 16,572.

Evaluation and Summary of Findings

The TN KIDS database will be modified by January 2003 so that data can be collected about residential care providers who also commit child abuse or neglect and analysis will be possible. The department is also putting in place measures in the quality assurance division and

compliance division that will track investigation of child abuse through the incident reports and quality assurance reviews as well.

8. Other Safety Issues. Discuss any other issues of concern, not covered above or in the data profiles, that affect the safety outcomes for children and families served by the agency.

Other safety issues of concern in Tennessee involve the rapid increase in the number of Methamphetamine labs that have sprung up in certain geographic areas of the state within the last 12 months. The department has participated in a State level Methamphetamine task force and from this task force has developed linkages with the many law enforcement agencies and medical response teams that share in this concern. Additionally, Methamphetamine action teams have been established in each region of the state to enable CPS staff and foster care staff to share information and improve their knowledge about responding to reports as well as the short-term and long-term safety issues for children, families and others in contact with them. The action teams have developed protocols with their local law enforcement and medical professionals for responding to these reports when children are present. In most of these referrals, the children have had to either be placed in foster care or be placed with relatives. Issues related to permanency for these children are on the forefront as many of the criminal charges associated with illegal Methamphetamine production have long criminal sentences.

Although the department does not have a separate child safety assessment, the child protective service strength and risk assessment are required by policy to be used throughout the life of a child's case whether the case is in the family support services program to prevent foster care or in the foster care system pending the child's return to the family. The department will be moving forward with improving our efforts at evaluating outcomes for children with the expansion of the family support services program, a quality assurance division, and permanency support programs.

B. PERMANENCY

Outcome P1: Children have permanency and stability in their living situations.

Outcome P2: The continuity of family relationships and connections is preserved for children.

Based on examination of the foster care data in the two foster care profiles in section III, and the State Child and Family Services Plan (State IV-B plan), please respond to the following questions.

1. Trends in Permanency Data. Have there been notable changes in the individual data elements in the two permanency data profiles in section III over the past 3 years in the State? Identify and discuss any factors affecting the changes noted and the effects on permanency for children in foster care in the State.

Program Description

At the time of the creation of DCS, the previous departments were operating with different management information systems, none of which was year 2000 compliant and none of which had the capability of "talking" to another system. Data in all the systems were of questionable quality. During 1998 the department's efforts, in terms of data systems, were geared to

reducing the multiple legacy systems to a single system. Significant efforts were made to improve the quality of data as other systems' data were converted to a single legacy system (CORS). In 1999 the department began a pilot of its SACWIS system, TN KIDS, in one region. For the April-September 1999 AFCARS reporting period, DCS was able to submit AFCARS data using a combination of CORS (11 regions) and TNKIDS (1 region) information.

During fiscal year 2000, the department began its statewide transition, region by region on a staggered schedule, to "being live" in TN KIDS. Beginning in October 1999, each region operated under the temporary transition plan for TN KIDS. The transition plan limited data entry to required AFCARS data and other mission-critical information. In December of 2000, the last of the department's 12 regions made the complete transition to TN KIDS, which has been our management information system since that time. Since December of 2000, the department has been involved in ongoing efforts to clean and correct data that were migrated from the CORS system. Many data conversion issues have also been addressed. We believe that the quality of our TN KIDS data continues to improve and is currently far superior to what was available from the CORS legacy system. Successful AFCARS submissions, using TN KIDS data, have been made for the reporting periods of October 1999 to March 2000, April 2000 to September 2000, October 2000 to March 2001, and April 2001 to September 2001.

As we have limited AFCARS data for comparison, it is difficult to track trends at this time. In an effort to determine trends, we have conducted our own analyses of data that were submitted for the 2001 fiscal year where possible.

Data Description, Evaluation, and Summary of Findings

REUNIFICATION

The percentage of children with a goal of reunification dropped from 69% in 1999 to 54.9% in 2000. Our data for 2001 indicate an insignificant increase from 54.9% in 2000 to 55.2% in 2001. The reduction in the number of children with a goal of reunification can be attributed to the implementation of the Adoption and Safe Families Act. The state's ASFA legislation was enacted in July 1998. During the next 18 months, the department made a statewide effort to review the appropriateness of the existing permanency goal for the case of every child who had been in care for more than 15 of the most recent 22 months. The permanency goals for many children were updated to more appropriate goals. New goals for children included both single goals and concurrent goals.

ADOPTION

During the 18 months after the implementation of the state's ASFA legislation, the number of children with a goal of adoption drastically increased. The 1999 data indicate that 12.6% of the children had a goal of adoption. By 2000 the percentage was up to 19.2%, and our in-house analysis of 2001 data indicates that the percentage of children with a goal of adoption is now 23%.

LONG-TERM FOSTER CARE AND EMANCIPATION

It was anticipated that with the implementation of the state's ASFA legislation, there would also be an increase in the number of children with the goal of long-term foster care and emancipation. That increase was realized with the year 2000 data indicating an increase from 7.1% in 1999 to 11.6% in 2000. The 2001 data indicate that there has been a decrease in the

number of children with these goals, with the combined total dropping to 10.8%. Through a variety of methods, the department is communicating the need for children who leave the system to be connected to a family and that long-term foster care and emancipation are not generally appropriate goals, especially for younger adolescents. It is our hope that this slight decrease in the number of children during 2001 will continue and that we will see more young adolescents having goals of reunification, relative placement, or adoption.

LIVE WITH RELATIVES

The percentage of children with a goal of placement with a relative remained essentially unchanged during FY 1999 (4.1%) and FY 2000 (4%). Data for fiscal year 2001 indicate that there has been a slight increase to 4.6%. Tennessee has historically used relative placements identified through its child protective services process as a means to prevent children from entering state care. If these children had to actually enter state care to receive services from the department, the percentage of children in relative placements would be significantly higher.

The department's data indicate that the use of relative placements for children in care is not nearly as high as it should be. During FY1999 only 7.4% of the children in care on September 30th were in relative placements. In FY 2000 the percentage dropped to 3.4%. Data for FY 2001 indicate that the percentage has increased to 4.7%. Several issues contributed to the under utilization of relative placements. Courts and departmental staff have historically had a mindset that families should take care of relative children without support from the state. Given the resources available to family members of many of our children, undertaking the care of another child was simply impossible and the outcome was placement of children in a disproportionate number of non-relative homes. The department has implemented an expedited approval process for potential relative caregivers and has been aggressively promoting the use of relative caregivers and providing support for relative caregivers. The department hopes to see the use of relative caregivers increase significantly during the next several years.

The department also has some concerns that its use of relative caregivers may be significantly under-reported in the data system. As TN KIDS was initially developed, relative caregivers and non-relative caregivers were entered into a foster parent registry database. The system lacked a straightforward way to then identify relative caregivers. This problem with TN KIDS is being resolved with a redesign of the foster parent registry. The redesigned registry will be available for use within the next 6 months.

2. Foster Care Population Flow (Point-in-Time Data Element I & Cohort Data Element I). Identify and discuss any issues raised by the data regarding the composition of the State's foster care population, rates of admissions and discharges, and changes in this area. Discuss the State's ability to ensure that the children who enter foster care in the State are only those children whose needs for protection and care cannot be met in their own homes.

Data Description

Tennessee's foster care population data includes children and youth placed in the state's care as a result of voluntary child placements, surrender of parental rights, and court orders of dependency/neglect, unruly, and delinquency. Delinquent youth who are placed in secure detention facilities, in state-operated youth development centers, or who are in jails awaiting trial as adults are not included in our foster care population. Youth with prior adjudications of dependency/neglect or unruly who are beyond the age of 18 but that are voluntarily receiving

services from the state are also excluded from the foster care population. Due to legislation a delinquent youth between the ages of 18 and 19 who is in state custody may remain in the custody of the department. Such a youth, if placed in a foster care placement (excluding youth development centers, detention facilities, and jails), is included in the foster care population.

Tennessee's AFCARS data indicate that 10,796 children and youth were in foster care placement on September 30, 1999. The number of children in foster care on September 30, 2000 decreased to 10,144. AFCARS data reported for September 30, 2001 indicate that the number of children in care has been further reduced to 9589. This is approximately an 11% reduction in children in care over the past three years. The state has greater confidence in the 2001 data than the 1999 or 2000 data. During 1999 the state had just converted several antiquated legacy systems into a single database, and during 2000 the state had just converted the remaining legacy system to TN KIDS. The 2001 data also reflect a change in the way that the state defined its foster care population. Young adults (18 years and older) who receive services from the department voluntarily and who are no longer in our legal custody are excluded from the 2001 data.

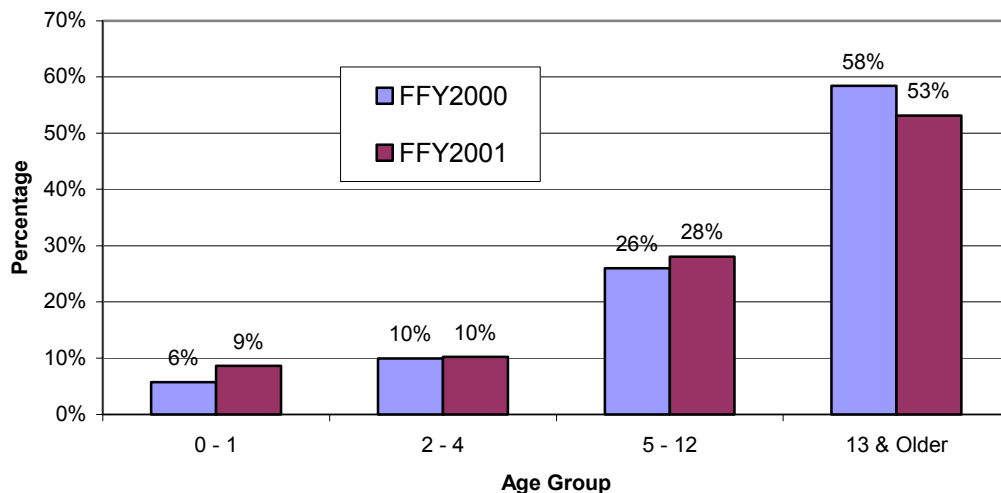
During the period 1999 to 2001, the number of admissions to state custody declined. In 1999 there were 5,968 admissions; in 2000 there were 5480 admissions. Admissions during 2001 rose slightly above those of 2000 but remained significantly below admissions in 1999. There has been a 7% decline in the rate of admissions in the 3-year period.

During the period 1999 to 2001, the total number of children discharged from care increased from 3481 in 1999 to 4370 in 2000; 2001 AFCARS data indicate that 5093 children left care that fiscal year. This represents a 46% increase in discharges over the 3- year period. The discharge numbers for 1999 are suspect; however, we are very confident of our discharge numbers for 2000 and 2001. The single-year increase of 17% between 2000 and 2001 reflects the department's efforts to increase permanency in children's lives.

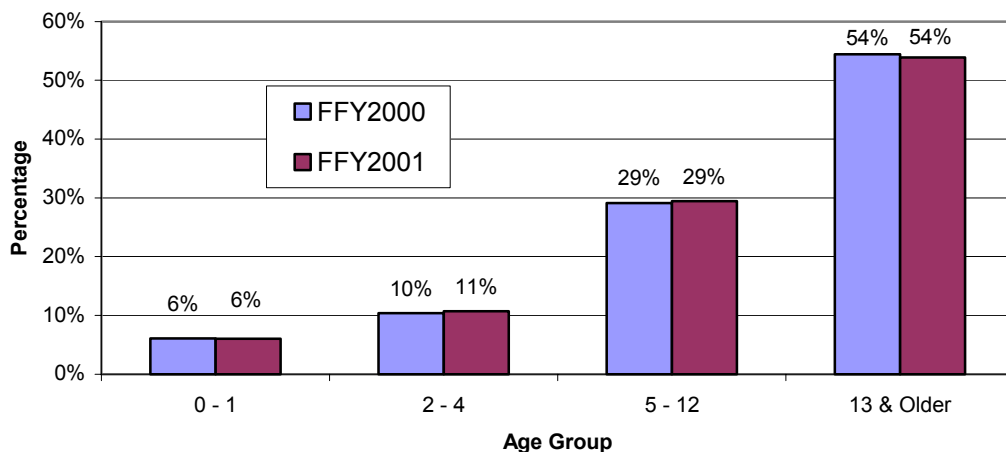
In 1999 there were 2,222 children discharged to parents or relative caregivers. This accounted for 64% of the discharges. In 2000 the number of children discharged to parents or relative caregivers increased to 3,121, and preliminary data for 2001 indicate that the number of children released to parents or relative caregivers increased to 3,621. In both 2000 and 2001 this accounts for 71% of the discharges. During the 3-year period the length of time to reunification for these children decreased. In 1999 the median length of stay for children being reunified with parents or relative caregivers was 9.7 months. In 2000 the median length of stay decreased to 9.3 months, and preliminary data for 2002 indicate that the median length of stay for these children has decreased to 8.8 months.

The age distribution of children in out-of-home care remained stable in 1999 and 2000. Preliminary data for 2001 again indicate little change (see the two graphs below). Tennessee has a high percentage of children in care who are age 13 and older. This is largely due to the number of juvenile justice youth over the age of 13 who are included in this portion of our population.

Age of All Children Served During the Federal Fiscal Year

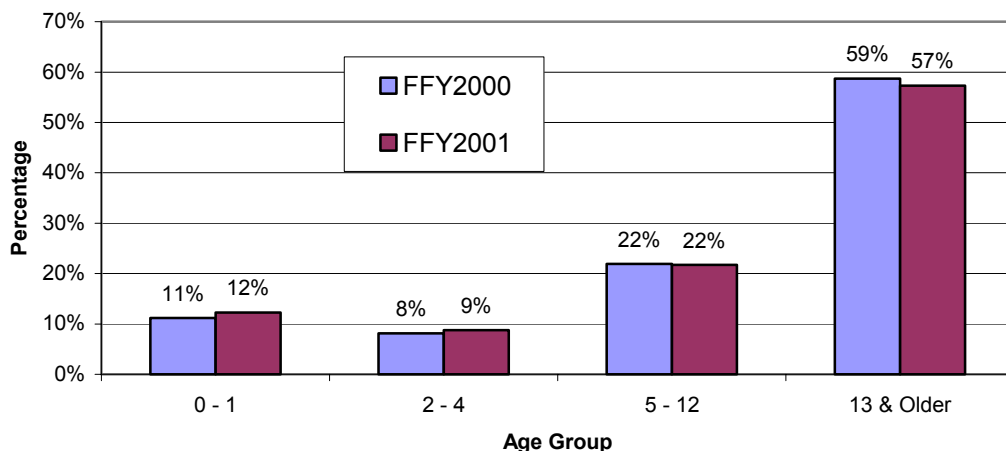


Age of Children Remaining in Care on the Last Day of the Federal Fiscal Year

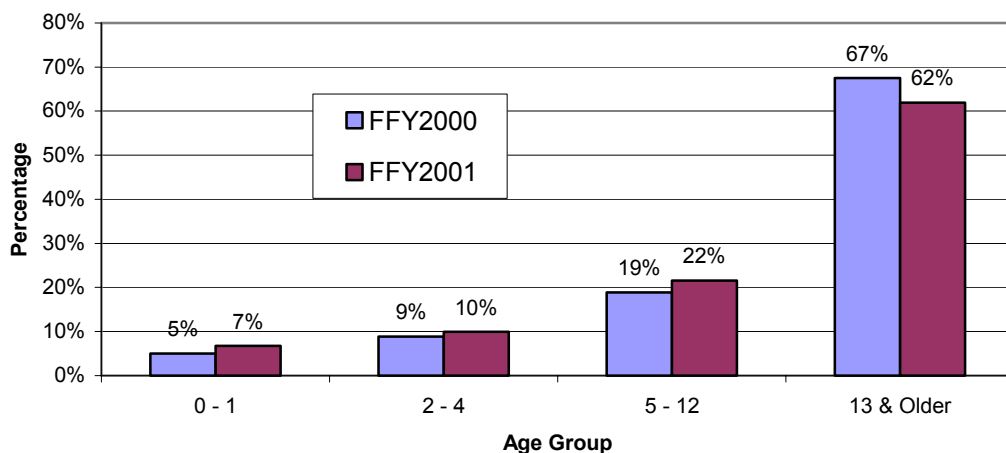


The following charts show the ages of children entering care and being discharged during FY 2000 and FY 2001. Almost double the number of children ages birth-1 year entered custody during these years, compared to those exiting custody. Among the 13 years and older age group, 8% more in FY 2000 and 5% more in FY 2001 left care than entered care during those two years.

Age of Children Entering Care During the Federal Fiscal Year



Age of Children Exiting Care During the Federal Fiscal Year



Evaluation and Summary of Findings

Tennessee is experiencing a decline in the number of children in out-of-home placements. Data from 1999 and 2000 indicate a decline in the number of children entering the system and an increase in the number of children being discharged from the system. The decrease in the number of children entering care is at least in part due to increased efforts to divert children with an adjudication of unruly from state care. On September 30, 2000 there were 725 unruly youth in the state's care. By September 30, 2001 the number was reduced to 583 unruly youth in state care. The state's Family Crisis Intervention Program (FCIP) serves only unruly youth and requires certification of a youth prior to a court being able to place an unruly child in care. FCIP is proving to be an effective program to divert unruly youth from state custody.

The increase in discharges is due to three factors: more children returning home to parents or other relative caregivers (71% in 2000 and 2001 vs. 64% in 1999), children leaving custody sooner (9.7 months in 1999 vs. 9.3 months in 2000 and 8.8 months in 2001), and a significant increase in the number of finalized adoptions. In 1999, 269 children left care as a result of finalized adoptions. In 2000, 352 children left care as a result of finalized adoptions, and in 2001, 646 children left care to a finalized adoption.

Entry and discharge data indicate that discharge rates for very young children are not keeping pace with the number of very young children entering care. The discharge rate of adolescents is greater than the entry rate. The discharge rate of adolescents is in part reflective of the unruly status offenders and delinquent offenders in this segment of our population. The unruly and delinquent populations typically remain in care for less time than do adolescents with an adjudication of dependency/neglect. The courts across the state are often agreeable to an unruly child (truancy is the presenting problem for many of these children) returning home after a school semester. Also, over the years it has been the practice of most of the juvenile courts to consider the release within six months of delinquent youth in state custody for the first time. Entry and discharge data indicate that the state needs to make increased efforts to resolve safety issues for very young children entering care so that they may return home sooner, or to make decisions to terminate parental rights more quickly so that these children do not remain in care for long periods of time.

3. Placement Types for Children in Foster Care (Point-in-Time Data Element II & Cohort Data Element II). How well is the State able to ensure that children are placed in the types of placements that are the most family-like and most appropriate for their individual needs, both at the time of initial entry into foster care and throughout their stay in foster care?

Policy and Program Description

Tennessee Department of Children's Services policy requires reasonable efforts to maintain children in their home of origin. However, if they are unable to remain in the home due to abuse, neglect, exploitation, or other reasons, then the department is committed to the placement of each child in the most appropriate and family-like setting able to meet his or her needs.

A diligent search is conducted for relatives or close family friends who may be able to provide a placement resource for the child, preferably as an alternative to state custody. If it becomes necessary for the child to enter state custody, Tennessee has, as of April, 2001, expanded its foster home approval policy to include an expedited approval process for relatives and others with a significant relationship with the child. If no relative or family friend is available, then the child is considered for a non-related family foster home, group home, or emergency shelter.

Upon placement in state custody, an assessment is completed regarding the child's needs. Policy requires that a staffing be conducted within 15 days of placement in state custody. The initial permanency plan is developed with the parents during this staffing, and it establishes the goal for the child. The assessment focus is on providing the least restrictive, most appropriate services. If the child enters a contract agency, a treatment plan that is specially tailored to meet the child's needs must be developed and approved by the department. A utilization and review team in each region monitors youth in all contract placements, and re-authorizes the placement only after review of the child's progress and indication that it is in the best interest of the child to

remain in that level of care. If there is indication that a less restrictive setting can be considered, a staffing is held with all involved adults and, if appropriate, the child, to determine the services needed by the child and family.

The Department of Children's Services contracts with private agencies for Continuum of Care services for approximately 3,000 children at any given time. Under these contracts, youth have individualized services developed specifically for the needs of the child in the least restrictive setting, with an emphasis on in-home services, therapeutic foster care with wraparound services, and foster care services. Youth in residential settings are monitored through an outcome requirement for agencies to focus on youth achieving permanency through adoption, independent living, or reunification.

This fiscal year, the department has implemented Permanency Support units in each region. These staff members review cases of youth in custody over 15 months and those cases where the child has not moved toward a permanent placement. They provide training, mentoring, and facilitating resource development to achieve the child's goals.

The department is conducting a needs assessment and review of all youth in higher (more intensive) levels of care in residential treatment services to determine how best to reduce the number of youth in group or institutional care through re-tooling of resources and contracts to meet the needs of youth in more flexible ways.

Data Description

On June 30, 2001, 50.3% of children in custody were placed in a foster home. Another 12.3% were receiving services In-Home or were on a Trial Home visit. For fiscal year 1999, the department had 51.2% of children placed in Pre-Adoptive Homes, Foster Homes (relative) and Foster Homes (non relative) or In-Home Placements. For fiscal year 2000, this percentage increased to 57%. Data for December, 2001 indicate that the placement trend continues to shift toward family-based treatment, with 62.3% of the children placed in In-Home and Trial Home Placements and Foster Homes.

Evaluation and Summary of Findings

The department has a process in place to provide additional support and services to departmental foster homes, if necessary, to facilitate a least restrictive environment to children who might otherwise be placed in group or residential treatment. This includes youth who require therapeutic foster care or medically fragile youth. Placement resources obtained under contracts with provider agencies include: in home services, foster care, therapeutic foster care, medically fragile foster care, community-based group homes, medium treatment group homes, residential treatment, sub-acute hospital care, wilderness programs, alcohol and drug treatment, sexual offender treatment, services for developmentally delayed youth, and two levels of care for continuum of care services. Continuums include a wide array of services, specifically designed to meet the needs of the child in the least restrictive treatment option. Approximately 2,238 youth, or about half under contracted services, are in continuum contracts at any given time.

4. Permanency Goals for Children in Foster Care (Point-in-Time Data Elements III & VIII and Cohort Data Elements III & V.) Discuss the extent to which children in care are moving safely into permanent living arrangements on a timely basis and issues affecting the safe, timely achievement of permanency for children in the State.

Policy Description

In Permanency question 3, department policy was described in relation to reasonable efforts to maintain children in their home of origin and to conduct a diligent search for placement with relatives or close family friends. A staffing must be conducted within 15 days of entering state custody. At this staffing, the initial permanency plan is developed with the parents and establishes the goal for the child. Typically in Tennessee, this goal is family reunification unless grounds for immediate termination of parental rights exist.

DCS policy also requires a case review within 90 days of placement in state custody, and at least every six months thereafter. Periodic reviews are conducted by citizens' review boards, which are appointed by the juvenile court. If the periodic reviews determine that the parents are unable or unwilling to rehabilitate the home within a reasonable period of time, then the goal may be changed to adoption and the termination process started. Permanency planning hearings are required within 12 months of entering state custody, and every 12 months thereafter. Permanency planning hearings are conducted by the court of venue, and they may also serve as the periodic review for that time period.

Additionally, older adolescents in Tennessee may have a goal of independent living/emancipation or long-term foster care. Pending the outcome of current legislation before the Tennessee General Assembly, independent living/emancipation and long-term foster care will be replaced with a permanency goal of planned permanent living arrangement. Under Tennessee law and policy, 18-year-old youth do not remain in state custody, but may remain in foster care receiving services based on a contract signed with the child.

Tennessee enacted legislation in 1998, in conjunction with the Adoption and Safe Families Act. Following enactment of the legislation, the department began a statewide review process of all children who had been in state custody 15 of the previous 22 months.

Data Description

In Tennessee, 54.9 % of the children in care had a permanency goal of reunification, according to the AFCARS data on children in care the last day of Federal FY 2000. This appears to be a decrease from FY 1999, when AFCARS data show 69% of the children in care had a permanency goal of reunification. During that fiscal year, Tennessee was in the process of cleaning up data from several sources, and putting a new data system (TN KIDS) in place, so it may be that the 1999 numbers are not as accurate as the 2000 numbers. At the same point in time, the number of children with adoption as a permanency goal was 19.2%, which is actually an increase over the FY 1999 count of 12.6%.

The goal of reunification or relative placements was achieved for 2,222 children in FY 1999, with the median number of months to discharge being 9.7. Both of these numbers improved in FY 2000, with a total of 3,121 children being permanently placed by reunification or relative placement, with a median 9.3 months to discharge. If the permanency goal is long-term foster care and the child is placed with a relative, then Tennessee considers that the goal has been achieved, and the department would continue to support the family. In 1999, Tennessee had a

significant number of children who were missing a discharge reason (400). Clean-up efforts reduced this number to 135 in FY 2000. Another area of concern is the 22 children in 1999 that had a missing date of latest removal or date error; this number increased to 56 in FY 2000. That, too, may be attributed to the changes in the data collection system.

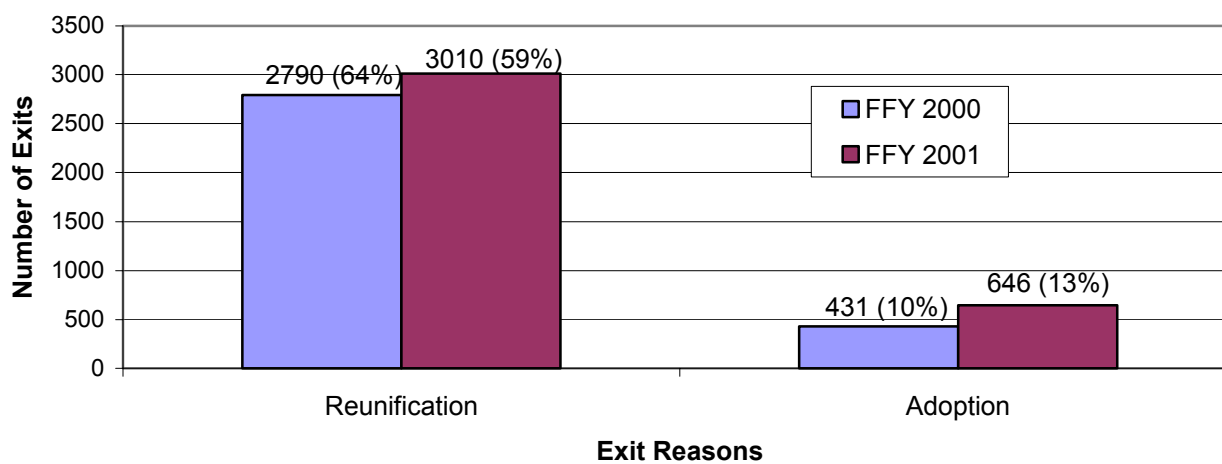
In the First-Time Entry Cohort Group, FY 1999 data show that 83.4% of children entering care for the first time had a permanency goal of reunification. This number decreased in FY 2000, with 73.3% of children having a goal of reunification. During the same time period, relative placements increased from 2.8% to 4.6%. Among this population, 437 children (77.3%) show a reason for discharge as reunification or relative placement for FY 1999, with an increase to 704 children (89.9%) in FY 2000. We recognize, though, that the number of children reunified with relatives is under-reported. This is due, not only to the changes in the computer system, but also due to changes in policy and procedures during the past two years.

Additional information is given in the Permanency questions 5, 6, and 10 regarding the data and outcomes of the department's efforts in moving children into safe, permanent placements as quickly as possible in Tennessee.

Evaluation and Summary of Findings

Despite some questions regarding the FY 1999 data, it appears that Tennessee has improved the permanency outcomes for children over the course of the past three years. Since Tennessee was in a period of change to a new system and data clean-up beginning in 1999, we decided to take a preliminary look at the FY 2001 Point-in-Time Permanency Profile numbers to determine any trends. It appears that we will show both an increase in the number of children with a goal of reunification (5,291 children, or 55.2%), as well as the number of children with a goal of adoption (2,210, or 23%) for FY 2001. The improvement in the length of time to achieve the permanency goal is much more dramatic. Preliminary data for FY 2001 indicate that 3,621 children were permanently placed by reunification or relative placement in a median 8.8 months. For children with a goal of adoption, 646 children achieved permanency within a median 52.9 months. Missing discharge reasons and missing dates of latest removal were greatly reduced in FY 2001.

Federal Fiscal Year 2000 & 2001 Exits



Tennessee has improved the permanency outcomes for children due to some intentional and specific improvements in the program, including, but not limited to:

- Statewide SWAT teams that target children who have been in full guardianship waiting for adoption for the longest time.
- Statewide Permanency Planning training.
- Improvements in the Permanency Plan form and its instructions.
- Improved and expedited foster/adoptive home studies through PATH training.
- Court improvement projects, which included Foster Care Review Board training.
- ASFA reviews by regional staff and case file reviews by central office program staff.
- Increase in the number of TPR petitions filed, as well as more timely filing of petitions due to the additional in-house attorneys hired.

Current program enhancements still in process include:

- Reduced caseloads.
- Major recruitment and retention efforts statewide.
- Increase training for foster care support staff.
- Special emphasis on permanency with the development of the regional Permanency Support units.
- Increased awareness of and use of relatives for both custodial and non-custodial placements.

5. Achievement of Reunification (Point-in-Time Data Element IX). Discuss whether the State's data regarding achievement of reunification within 12 months from the time of the latest removal from home conform with the national standards for this indicator. Identify and discuss issues affecting conformity and how the State is addressing the issues.

Policy Description

DCS policy 13.2 states that the case manager has primary responsibility for working with the family during a child's out-of-home placement. Per DCS policies 16.31 and 16.32, the child's

parents, legal custodian, and/or other family members must be included in the development of the child's permanency plan, and in subsequent foster care reviews. The permanency plan is to include clearly specified time frames for completion of activities intended to lead to the permanency goal. The court of venue is to review the permanency plan every 12 months until permanency is achieved (DCS policy 16.33).

Data Description

The national standard requires that, of all children who were reunified with their parents or caretakers at the time of discharge from foster care, at least 76.2% were reunified in less than 12 months from the time of the latest removal from home. As described below, Tennessee does not conform with this standard. However, a slight, steady increase towards conformity is demonstrated by the data between FY 1999 and FY 2001 (from 59% to 61.3% to 62.1%).

During FY 1999, of the 3,481 AFCARS-eligible children and youth who were discharged from foster care, 2,222 (63.8%) were reunified with their parents or caretakers, or were placed with relatives, with a median length of stay of 9.7 months. Of those reunified, 1,318 (59%) children and youth were reunified in less than 12 months from the time of the latest removal from home.

During FY 2000, of the 4,370 AFCARS-eligible children and youth who were discharged from foster care, 3,121 (71.4%) were reunified with their parents or caretakers, or were placed with relatives, with a median length of stay of 9.3 months. Of those reunified, 1,930 (61.3%) children and youth were reunified in less than 12 months from the time of the latest removal from home.

Based on preliminary analysis of FY 2001 data, of the 5,093 AFCARS-eligible children and youth who were discharged from foster care, 3,621 (71%) were reunified with their parents or caretakers, or were placed with relatives, with a median length of stay of 8.8 months. Of those reunified, 1,804 (62.1%) children and youth were reunified in less than 12 months from the time of the latest removal from home.

Evaluation and Summary of Findings

Tennessee recognizes and is addressing several factors that may have contributed to the state's status of non-conformity with the standard of reunification in a timely manner.

The ability for Tennessee to provide the intensified, quality case management necessary for timely reunification has been hindered by both the supervisory structure and the caseload size. Many direct case management supervisors have been responsible for the work of nine or more case managers, some while carrying cases of their own. Due to increased funding (providing for the addition of 372 new staff during state FY 2002) and new policy, both the supervisor-to-case manager ratio and the caseload size are beginning to improve. During state FY 2001, the supervisor-to-case manager ratio was 1 to 8 and in state FY 2002, the ratio has been further improved to 1 to 7. The DCS state FY 2003 budget request will bring the ratio to 1 to 6, with a future goal of 1 to 5. Caseload size has improved from an average of 35+ cases per case management position in 1996 to an average of 20 in 2001. DCS policy beginning in state FY 2002 also established caseload caps: 20 cases for experienced case managers working with foster children, 15 cases for inexperienced (less than one year) case managers working with foster children, and 12 cases for adoption case managers.

In Tennessee, many children have been placed in custody by the court (often based on a petition filed by the child's caregiver or school) due to truancy and other "unruly" behavior.

Therefore, even in cases adjudicated dependent/neglect, DCS case managers have focused as much or more on the child's behavior and treatment needs as indicators of the appropriate time for reunification, as on the factors that led to the removal from home. Tennessee worked with the National Resource Center for Foster Care and Permanency Planning to develop a permanency planning training for case managers and supervisors that emphasizes the need for family involvement early in the case, as well as the use of full disclosure and concurrent goals. The state has also created Permanency Support units in each of the 12 DCS regions to review those cases involving children with unacceptable delays in permanency.

Tennessee places over 50% of its custodial children in contract agency foster homes and facilities. This resource structure has historically contributed to many children being placed out of their home counties, making family visitation and other reunification efforts more difficult. February 2000 data indicates that 72% of the custodial children were placed within their home regions. As a result of the Brian A. settlement agreement, there has been a new focus on placing each child within his or her own region (or within a 75 mile radius of the home through which the child entered custody) and developing resource families closer to the child's home.

In addition, Tennessee historically assigned a case manager in the county of the child's placement, as well as a case manager in the child's home county. This dual case manager structure led to some role confusion and communication-related problems. Although statistical data are not available establishing this as a contributor to delays in reunification, it was anecdotally affirmed. During 2001, this dual structure was replaced with one of having only one case manager for both the child and the family.

Caregivers' alcohol and drug addiction is a major safety issue for approximately 62% of the children in custody in Tennessee. However, meeting the treatment and support needs of these caregivers is very difficult, particularly in the rural areas of the state. In Tennessee, public funds for the treatment of addiction are distributed through competitive grants and community mental health centers (which are not present in all counties and are sometimes unable to employ licensed staff). Therefore, services are not available in all areas. Further, many of the parents of DCS custodial children are insured by TennCare (the state's Medicaid waiver program). This program provides shorter-term detoxification programs and outpatient programs, but long-term, residentially-based programs, which may provide more successful outcomes for complex addictions, are not a covered benefit.

Prior to state FY 2002, DCS did not have a statewide quality assurance system. The newly created Quality Assurance division will be monitoring both process and outcome objectives related to reunification and other permanency, safety and well-being goals. As better data become available, and more attention is focused on those systemic and case-specific problems identified through the efforts of the Quality Assurance division, compliance with this and other standards should improve.

In recent years, DCS has made changes in the way that services are purchased so that the needs of client children and families can be better met. Rather than develop large statewide contracts to procure services in a "one size fits all" fashion, DCS has allocated those dollars to the regionally-based Community Services Agencies (CSA), and has asked the CSAs to develop and purchase services to meet the specific needs of the clients. This new approach has allowed DCS to better target services in remote communities, allowing for purchases on a smaller scale, on a fee-for-service basis. There are two types of flexible funds specifically available for reunification services. The "Time Limited Reunification" funds and the "Child Welfare League of America Reunification" funds have been available since 1999. The funds

have been insufficient in quantity and have been difficult for case managers to access in some areas. The DCS Director of Field Operations has recently written comprehensive guidelines to assist the case managers in understanding the appropriate use of the reunification funds, as well as other types of flexible funding streams.

6. Achievement of Adoption (Point-in-Time Data Element X). Discuss whether the State's data on children exiting foster care to a finalized adoption within less than 24 months from the latest removal from home conform to the national standard for this indicator. Identify and discuss issues affecting the number of children placed for adoption in the State and how the State is addressing the issues.

Policy Description

Tennessee Adoption Services is a child-focused service based on the philosophy that every child has the right to a loving, nurturing, and safe family. While incorporating best practice approaches in the delivery of adoption services, the department's policies and procedures lend to the consistency of delivery of services to birth parents, children and adoptive families through the adoption experience. Policy directs staff in the preparation of children and considerations to be given during the adoptive parent selection process. Procedures support the policies and dictate the day-to-day approach to the provision of adoption services that focus on safety, timely permanence, and best interest issues for children.

Policies address the issues of adoptive placement considerations with regard to the special needs of the child that would place significant challenges on the adoptive placement or would require specific resources or special skills or attention from a parent. In addition, considerations for placement incorporate the MEPA and IEPA standards from both the child's and adoptive family's perspectives. Issues related to sibling placement are addressed through the department's philosophy that siblings are to be placed together when at all possible. Placement consideration policies also address the issue of the child's preference for an adoptive family. (Tennessee statute requires that a child age 14 and above must consent to the adoption. When the child is unable to consent, statute requires that a guardian ad litem be appointed to deny or consent to the adoption on behalf of the child.) In considering these issues in placement, policy also describes how staff are to use the adoptive placement selection committees in considering the most appropriate adoptive placement in meeting the child's best interest. When the child is to be adopted by foster parents who, by statute, have first preference (the child has been in the home for one year and such placement serves the child's best interest), no committee selection process is required.

Policy also addresses the surrender of parental rights processes in Tennessee and directs staff on the procedure of clearing the state's putative father registry so as to recognize any father who has the right to notice about an adoption proceeding.

Registering and maintaining current information on the status of children (who are legally free for adoption and have a goal of adoption) and adoptive families with our state adoption resource exchange (Resource Exchange for Adoptable Children in Tennessee, "REACT") is addressed in policy. This allows for a larger pool of adoptive families who can be referred for children across the state and contributes to the most appropriate placement being made for our children. This resource exchange is not only for our children and families, but for any special needs child and families who desire to adopt children with special needs being served by a Tennessee licensed child placing agency.

Adoption Assistance policies define the special needs population of children in Tennessee eligible for monthly board payments, medical and psychological services and non-recurring expenses. It is through these policies that services are defined which will support the child and family through their adoption experience. Tennessee began a deferred adoption assistance category in 1997. These policies dictate the requirements for determining eligibility for those children who are eligible for deferred adoption assistance and how to initiate services when future need is documented.

The Adoption Services Procedures manual directs staff in the day-to-day methods of service delivery. This manual focuses on the following issues: services to birth parents (who come to the department to make a voluntary plan of adoption for their child), services to the child, services to adoptive parents, adoptive placement, adoption assistance, finalizing the adoption, independent adoption services, and post-adoption services for access to information from sealed adoption records.

The procedures manual was issued and training was conducted in 2001. New to this manual are issues related to assessing openness in adoption and legal risk placements of children with families who commit to parenting a child at legal risk.

Services to children focus on identifying the needs of the children, preserving information about their development and past, preparing them for adoption, recognizing their need to understand the reason for adoption, and selecting the appropriate adoptive family. In this particular section of the manual, children who are appropriate for referral are defined and time lines for such referrals of the child to the adoption team are dictated. Such children would include those in full guardianship of the department, children in partial guardianship (one parent's rights are terminated and there is plan for termination on remaining parents or legal guardians), and children who are at risk for termination of parental rights. Specific time lines for referrals are that cases involving full guardianship must be transferred for adoption services within 15 days of guardianship. For cases where termination of parental rights has been filed, a case conference must be held with the adoption staff within 30 days of the petition being filed. If the child's case is accepted for transfer, the case must be transferred to the adoption staff within 30 days of the case conference.

The manual directs staff in the assessment of children who through ASFA legislation are considered to be at legal risk of termination of parental rights. The manual includes an assessment procedure of such children and families, directs staff in the training of approved adoptive families who wish to parent legal risk children, and refers to the home selection process as outlined in policy for all such placements.

Timeliness of finalized adoptions in Tennessee is dictated by state statute that requires that the child be in the home for a period of six months prior to the finalization of the adoption. Exceptions to the six months can be made when the child has resided in the home of foster/adopt parents for a period of six months or longer prior to the petition being filed and to relative adoptions.

Data Description

At the end of fiscal year 1999, only 16.3% of the children who exited foster care to a finalized adoption were in care less than 24 months from the time of the latest removal from their home. Data shows that this population of children decreased to 10.5% by the end of fiscal year 2000.

In the Point-in-Time Permanency Profile, data show that for the reporting period of 1999, 40.6% of the children had been in care 17 of the most recent 22 months, while that number increased to 47.3 percent by the end of 2000. In Length of Time to Achieve Permanency Goal, the median months to discharge to adoption was 50.0 months in 1999 with a decrease to 49.3 months in 2000.

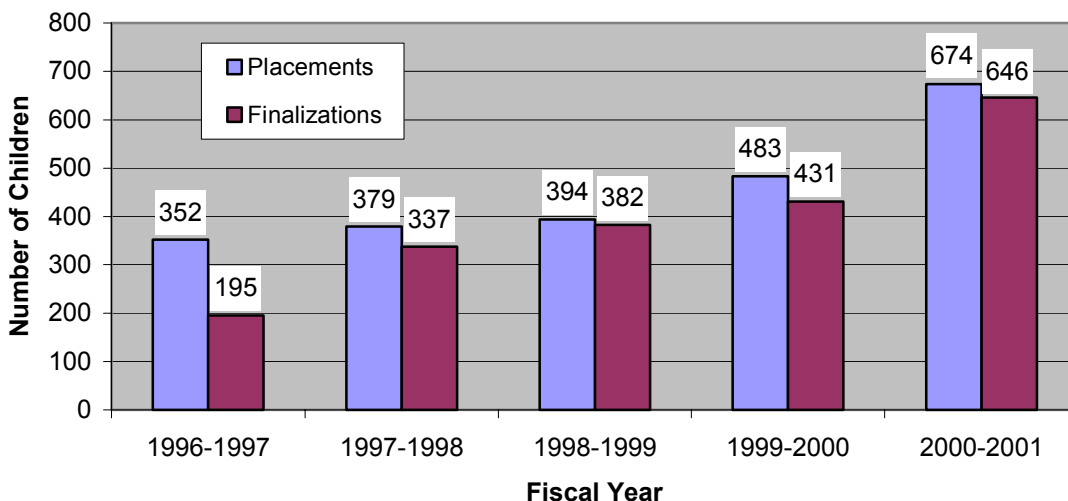
Evaluation and Summary of Findings

The data indicate that Tennessee is not meeting the national standard in realizing adoptive placement for children within a 24-month period of the child entering custody. This may be due in part to the fact that until fiscal year 1999-00, the department had 16 attorneys to cover 95 counties and approximately 11,250 children in the foster care system. In fiscal year 2001, an additional 36 in-house attorneys were hired and in fiscal year 2001-02, that number increased by 12, bringing our total legal representation to 66. Until this increase in legal staff, permanency through adoption could not be achieved because there were limited numbers of attorneys, and the ability of the department to pursue termination of parental rights in a timely manner was seriously compromised. Without early decision-making in foster care and the legal representation to proceed with termination of parental rights, children remained in state custody. By the time of ASFA legislation and required reviews of the children who had been in foster care 15 of the most recent 22 months, and of the increase in legal staff, children had remained in foster care, become older, and their challenges more significant---all of which have contributed to a difficult population of children to place for adoption.

During the reporting periods of 1999 and 2000, Tennessee experienced an increase in the number of children who have achieved permanence through adoption. In state fiscal year 1999-2000, the department placed 483 children. At the end of the 1999 federal fiscal year, Tennessee reported 431 finalized adoptions. In state fiscal year 2000, 674 children entered adoptive placement and at the end of federal fiscal year 2000-2001, 646 children realized a finalized adoption.

The graph below puts the department's progress in making adoptive placements and finalizing adoptions into historical perspective since the creation of the department. The number of adoptive placements increased slightly between fiscal years 1996 to 1998, with substantial increases in fiscal years 1999 and 2000. The number of finalized adoptions increased significantly between fiscal years 1996 and 1997. After three years of steady increases, the total number of finalized adoptions jumped to 646 in FY 2000-2001. Between FY 1996 and FY 2000, the number of adoption placements has nearly doubled and the number of finalized adoptions has tripled.

Adoptive Home Placements and Finalizations FY96-97 through FY00-01



Given this placement history, and while we have experienced an increase in the number of terminations of parental rights (854 terminations in the 1999-00 fiscal year compared to 1080 in fiscal year 2000-01), the population of children who are in the guardianship of the department with a goal of adoption has steadily declined over the last two years. In past years, the department has averaged over 1000 children in guardianship at any given point. At the end of the 1999-2000 state fiscal year, there were 916 children in guardianship with a goal of adoption; at the end of fiscal year 2000-01, 869 children were in guardianship with a goal of adoption. Of the number of children legally free for adoption, at any given point in time, approximately one half of the children have an adoptive family identified. This most usually is a foster or relative placement resource.

The department has a substantial number of “backlog” cases of children who have been in custody since before October 1998 that affect our ability to achieve a permanent placement within the 24-month criterion. The department has given these cases special attention since September 2001, resulting in a decrease of these backlog cases from approximately 2500 in September to 2117 by January 15, 2002. We have also conducted an analysis of the 644 cases with an exit to adoption during FY01 in the AFCARS file. (The actual number of finalized adoptions was 646 during this fiscal year.) As shown in the table below, 80.6% of the children adopted during the October 2000-March 2001 period and 76.7% adopted during the April-September 2001 period had been in custody prior to October 1998.

	AFCARS Oct 00 - Mar 01		AFCARS Apr 01 - Sep 01	
	# of Cases	% of Cases	# of Cases	% of Cases
Backlog (custody began prior to Oct 1, 1998)	228	80.6%	277	76.7%
After (custody began Oct 1, 1998 to present)	55	19.4%	84	23.3%
Months to Adoption	Mean Months	Median Months	Mean Months	Median Months
All Cases	53.4	49.7	58.5	55.6
Backlog (custody began prior to Oct 1, 1998)	61.6	55.5	69.3	64.5
After (custody began Oct 1, 1998 to present)	19.5	21.1	22.7	23.3

Sources: AFCARS March 2001 Report, AFCARS September 2001 Report.

The median length of time to adoption is significantly higher for the backlog cases (55.5 months and 64.5 months, respectively, for the two reporting periods) compared to the cases entering custody after October 1998 (21.1 months and 23.3 months, respectively). This means that the department meets the national standard for this indicator for the children who entered custody after October 1998 in both AFCARS reporting periods. The department will not be able to meet the national standard until permanent placements are achieved for the backlog cases. It will be more accurate to represent the department's current performance on this indicator by reporting the median length of time to permanency separately for the backlog cases and the children in custody after 1998.

To address the issue of timeliness in permanence through adoption, the department has enhanced its service delivery model and implemented new initiatives. These programmatic changes include the following:

- Increased staff dedicated to the provision of adoption services. The increase in the number of case managers providing adoption services has resulted in decreased caseloads of over 37 cases to case loads of 12.
- Establishment of regional adoption service teams. Adoption teams have been developed to serve each of the twelve department geographic regions within the state. These teams have responsibility for all services to birth parents who wish to make a voluntary plan of adoption for their child, providing foster care case management to children who are in guardianship of the department and awaiting adoptive placement, preparing children for the adoption experience, recruiting and preparing adoptive families, and providing placement and post-placement services.
- Established contractual partnerships with licensed Tennessee child placing agencies to increase the number of special needs children receiving permanence through adoption.
- Adopted "Parents as Tender Healers" (PATH) training curriculum for the dual approval of foster and adoptive parents.
- Increased the number of attorneys to address permanency issues for children.
- Developed and implemented a training plan specific to adoption issues.
- This training includes pre-certification training for all new departmental and contract provider adoption staff, skills and knowledge-based advanced training, case specific and program consultation.

- Planned and produced a statewide adoption conference. Nearly 600 participants, including departmental administrative and adoption services staff, private child placing agency staff, mental health professionals, representatives of the legal community, child advocates and adoptive parents, came together for workshops featuring nationally recognized adoption experts.
- Developed and produced regional adoption services recruitment plans.
- Increased adoption assistance rates.
- Established tracking and review systems to ensure timely permanence for children.
- Developed and produced an Adoption Services Procedures manual that incorporates best practice in providing adoption services to children and families. This manual formalizes procedures for exploring openness in adoption with birth and adoptive parents and for children receiving legal risk placements

Program enhancements being addressed currently include but are not limited to:

- Formalizing a multi-year statewide post-adoption services program.
- Providing training for mental health professionals in adoption issues.
- Enhancing the knowledge and skills of child welfare services staff in the placement and planning for children at legal risks.

7. Termination of Parental Rights (TPR) (Point-in-Time Data Element VI). Discuss the extent to which the State complies with the requirement at section 475(5)(E) of the act regarding termination of parental rights for children who have been in foster care 15 of the most recent 22 months, for abandoned infants, and for children whose parents have been convicted of the listed felonies. Identify and discuss the issues that affect timely termination of parental rights, where appropriate, including the use of the exceptions to the TPR provisions.

Policy Description

Department of Children's Services' policies as well as state statutes require that the state file a termination of parental rights petition if a child has been in state custody for 15 of the last 22 months (TCA Section 36-1-113(h)(1), passed in 1998). This time period does not include time on a trial home placement. There are three exceptions to the state not filing a TPR: when the child is in the care of a fit and willing relative, when the state has not exercised reasonable efforts, or when there is some other compelling reason not to terminate the rights of the parents. In addition, state statute parallels the federal law in articulating the exceptions to the exercise of reasonable efforts. Those exceptions are found in TCA Section 37-1-166(g)(4)A-C). State statute and policy mirror the federal exceptions such as in the case of aggravated circumstances, crimes against the child or sibling, involuntary termination of another child, a prior finding of severe abuse, and abandonment of the child. Tennessee has even added an additional baby abandonment statute to achieve permanency sooner for children who are abandoned by their parents within 72 hours of birth (TCA Section 36-1-142).

Data Description

According to data element VI, the number of children in care for 17 of the most recent 22 months increased from 3,426 (40.6%) in FY 1999 to 3,849 (47.3%) in FY 2000. The median length of stay in foster care also increased from 13.6 months in FY 1999 to 16.8 months in FY 2000. In 1999, the department began a review of all cases in custody for more than 15 of the

past 22 months. There was insufficient time for the FY 1999 and 2000 numbers to reflect improvements made in filing TPRs that resulted from this review. Also, it appears that we are seeing the effects of the backlog cases of children in custody before October 1998, as described in Permanency question 6 (see table on page 86). Until the department is able to clear up those backlog cases, both their high numbers and their increasing length of stay in care will distort the more timely movement toward permanency for later cases. In order to show the true progress being made in more timely filing of TPRs and permanent placements, the department needs to separate out the backlog (pre-October 1998) cases from later cases for analysis. Entry-cohort analysis will more accurately determine the department's performance in filing TPRs and obtaining permanency for children.

Evaluation and Summary of Findings

The department expects to see continued increases in the filing of timely TPRs due to several improvements undertaken since 1999. One very positive action has been to increase the number of case managers and attorneys who are working these cases and taking these cases to court much more efficiently and effectively. In 1999, the department added 36 new lawyers to the in-house legal staff. By this addition, the state was able to file 854 TPRs across the state in the fiscal year 1999-2000 and 1080 in the fiscal year 2000-2001. Likewise, in fiscal year 2000-2001, there were 189 case manager through team coordinator positions added to the department; in fiscal year 2001-2002, program case manager and supervisory staff increased by an additional 312 positions. The increase in filings was achieved through a very effective team approach between legal and program staff to insure that every case was reviewed and each case that was appropriate for TPR was identified. This caused a large increase in the filings of TPRs across the state and with help from the juvenile court judges, these cases were quickly docketed and tried.

In a continuing effort to identify those cases that are appropriate for TPR, legal staff for each of Tennessee's 95 counties keep a custody log that identifies each child, their date of adjudication, their goal and whether they have achieved that goal in addition to court dates and permanency hearing information. These logs are updated each month. When a child that possibly needs a TPR is noted on the log, the case manager is notified and the case is staffed. Periodically, the entire custody log is reviewed by the lawyer, his or her supervisor, the case managers and their supervisors to see if any child on the list needs a TPR or any other action on their case. In addition to that, program staff regularly reviews all of their cases for the same purposes, thereby creating a monitoring process to identify all of the cases that need the attention of the case manager as well as the attorney.

One area that has negatively affected timely filing of TPRs has been the lack of use of the exceptions to exercising reasonable efforts provisions in both the state and federal statute. Although that option has been available to us, we have not effectively utilized it. Toward that goal, the state is now drafting a very clear policy that states clearly which cases fall under the exception. We are hopeful that once this policy is implemented, more cases will be presented to the court as exceptions to reasonable efforts and we will move more children out of care more quickly and into permanent homes.

Educating the case managers as to legal issues and informing them as to how lawyers can help them in their management of the case has taken a variety of forms. The most successful format is what we call "Brown Bag" meetings. In these meetings, which occur once a month in each county or cluster of counties (for the smaller counties), the attorney for that area will provide in-service training to the staff on permanency issues, ASFA, court issues or any other topic that

will help the case managers increase their effectiveness and success in their job. Periodically, the lawyers and the program staff will do statewide or even regional training as we did when we went across most of the state to emphasize ASFA and permanency issues. There was also a statewide training on effective permanency planning. Case managers receive at least monthly training. The attorneys receive at least 24 hours of certified continuing legal education hours in child dependency and delinquency training each year to keep them up to date as well. In addition, the lawyers are provided written materials to augment the formal training (for example, each new TPR case from the Tennessee Court of Appeals is sent to them as well as articles on permanency issues or evidentiary issues, just to name a few, on at least a weekly basis from the central office Legal Division).

The effect of all of the above listed laws, policies and procedures has definitely resulted in increasing and improving permanency for children in Tennessee. This result is evident in the substantial increase of filings of TPR petitions as well as the significant increase in the number of adoptions in the state.

8. Stability of Foster Care Placements (Point-in-Time Data Elements IV & XI and Cohort Data Element IV). Using data element XI on the point-in-time permanency profile, discuss whether the percentage of children in the State who have been in foster care less than 12 months and have had more than two placement settings conforms to the national standard for this indicator. Using all three data elements noted above, identify and discuss the reasons for the movement of children in foster care in the State. If there are differences in placement stability for children newly entering the system (cohort data) compared with the total population of children in care (permanency data), identify and discuss those issues.

Policy Description

The Tennessee Department of Children's Services promotes stable foster care placements with a strong regimen of foster/adoptive parent training delivered through 30 hours of PATH (Parents as Tender Healers) training. That training, in conjunction with other components of the foster home study such as criminal background checks, insures that foster homes are safe and capable of meeting the needs of children in state custody. The mutual selection process utilized in PATH insures that foster parents are well prepared to foster a child coming into state custody with unique problems.

In Tennessee, a child must be placed as close to his/her original home and community as possible, and no more that 75 miles away. Siblings must be placed together in the least restrictive, most home-like environment available to meet the children's needs.

Tennessee policy requires a complete assessment, using the DCS standardized assessment protocol, of the child's needs within 15 days of placement in state custody. While this sometimes requires the child to be placed in an emergency shelter (especially older children), it is beneficial in the long run because it can help assure that the child is placed in the most appropriate setting, and thus possibly reduce later disruptions. The Permanency Plan for the child is developed with the parents at a staffing upon completion of the assessment protocol. The plan outlines the remedial activities necessary for the child to return to the home. It also spells out the services that are needed by the child, including health, educational, and developmental needs.

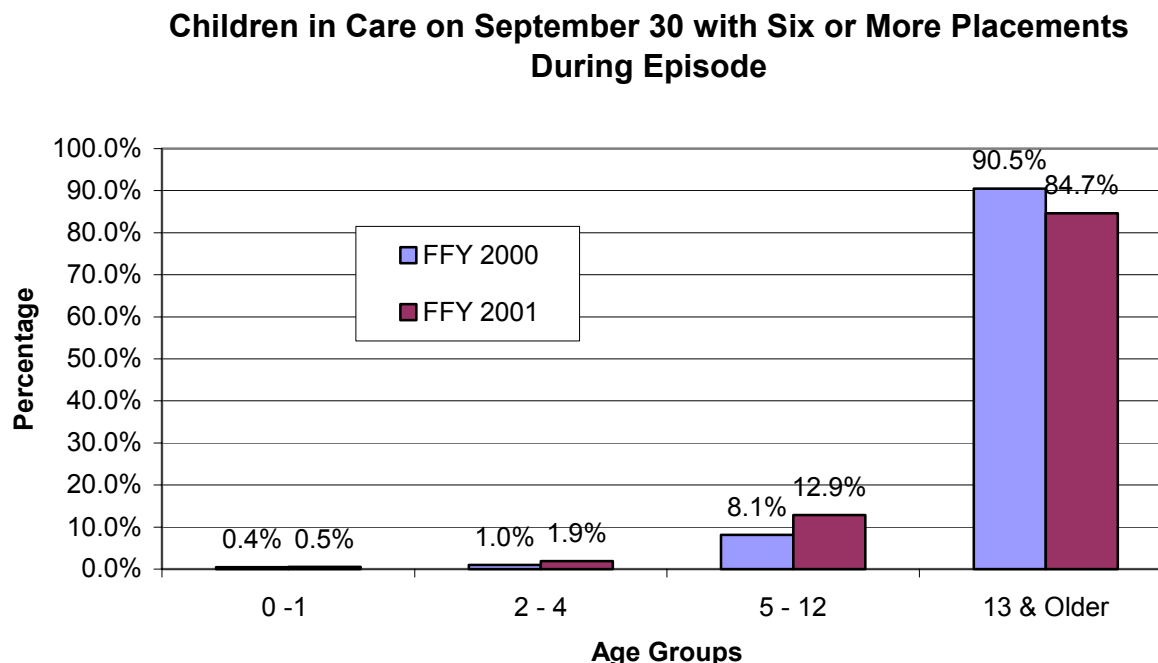
One of the components of the periodic review process in Tennessee is the assessment of the appropriateness of the child's placement. In conjunction with the reasonable efforts to return the child home, as well as concurrent planning, this enables the department to move more quickly toward a permanent placement for the children in state custody.

Data Description

The FY 1999 data indicate that approximately 63.1% of children in state custody had been in two or less placements. This percentage dropped slightly in FY 2000 to 56.8 %. Once again, this may be attributed to the clean-up of the old data systems and the subsequent change to the TN KIDS data system.

In Tennessee during the FY 1999, 11% of children in state custody had been in three placements settings; this number increased to 14.4% in FY 2000. A total of 12.2 % of children in state custody in FY 1999 and 13.6% in FY 2000 had four or five placement settings. Furthermore, 12.6% in FY 1999 had six or more placement settings. While this number appeared to decrease slightly to 11.3% in FY 2000, children in state custody are overall having too many placements.

In order to understand the data better, we conducted an analysis of the ages of children with 6 or more placements. The following chart shows the percentage of children by age that have been in six or more placements in their current state custody episode for fiscal years 2000 and 2001. Since Tennessee only had data for six months of the FY 1999, we have elected to omit that year from the chart.



It is apparent that the older the child, the more likely he or she is to have had an excessive number of placements. This may be attributed to the fact that older children are more likely to

go to shelters or to assessment facilities first. Also, older children are more likely to be placed within one of the continuums for treatment, and to change placements a number of times within the continuum as they improve and “step-down” from the more to less restrictive components of the continuum.

The data further indicate that, of all children served during the FY who have been in state custody less than twelve months from the time of the latest removal from home, 72.9 % in FY 1999 and 61.1% in FY 2000, had been in no more than two placement settings. The department does not meet the national standard on this measure.

Evaluation and Summary of Findings

Tennessee has a disproportionate number (approximately 55%) of children ages 13 years and older in state custody. This has impacted the placement stability overall, because these older children are much more likely to have multiple placements. Also, DCS is unique in that it is the only child-serving department in the state, providing care for both the dependent-neglected population, as well as the delinquent-unruly population. The delinquent-unruly population is typically aged 13 years and older. Further, the rise in the number of children with six or more placements may be attributable to the older adolescent population with specialized needs. It is hoped that additional services like Family Support Services and after care services will support the department’s goal of permanency with a fewer number of placements for each child.

Tennessee continues to improve training and supports for foster parents to promote stability in foster homes. Also, the department is in the third year of a major emphasis to restructure and improve the foster care board rate system. A major goal was achieved July 1, 2001. A board raise of 2% across the board and some additional discretionary funding enabled the state to increase the board rate in all age groups to the USDA cost of raising a child in the urban south, including food, housing, transportation, clothing, and miscellaneous. Finally, the lower caseloads brought about through the increased number of case manager positions, should also help improve placement stability.

9. Foster Care Re-Entries (Point-in-Time Data Elements V & XII). Using data element XII, discuss whether the percentage of children who entered foster care during the period under review who had a prior entry into foster care within 12 months of a prior foster care episode conforms to the national standard for this indicator. Using both data elements, discuss the extent of foster care re-entries for all children in the State’s placement and care responsibility, the issues affecting re-entries, and how the State is addressing the issues.

Data Description

AFCARS data indicate that 9.3% of children entering care during FY 1999 had a prior custody episode within 12 months. The FY 2000 data indicate that the rate of children entering care and having a prior custody episode within 12 months increased to 10.1%. Data on the number of removal episodes for children in care on the last day of the year show that in 1999, 87.5% were in care for the first time. On the last day of FY 2000, 86.5% were in care for the first time, and preliminary data for 2001 indicate that 84.8% were in care for the first time. The data for 1999 show that 98.2% of the children in care at the end of the year had no more than 2 removals. In FY 2000, 98.6% of the children in care at the end of the fiscal year had no more than 2

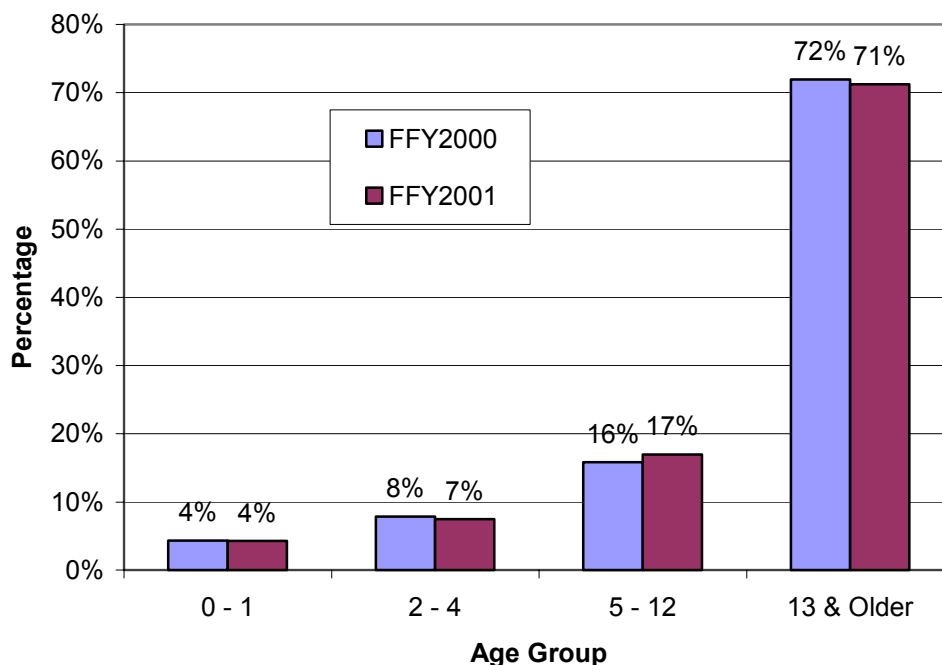
removals, and preliminary data for 2001 show that 98.4% of the children in care had no more than 2 removals.

AFCARS data for the March 2001 reporting period indicate that only 5.3% of the children in care had experienced a prior custody episode within the last 18 months. When the population is identified by adjudication, 97.2% of the children with dependent/neglect adjudications were experiencing their first custody episode. The percentage of children experiencing their first custody episode drops significantly to 92.8% for children with adjudications of unruly. For children having an adjudication of delinquent the percentage drops drastically to only 85.5%. Clearly the unruly and delinquent populations with their chronic behavioral issues have a deleterious impact on Tennessee's re-entry numbers.

Tennessee code requires that all children adjudicated dependent/neglected who return home to parents or a relative caregiver must remain in the state's legal custody for a period of 90 days. During the mandatory trial home visit, case management and other services continue and the children are considered as part of our foster care population. As such, a child who has a successful trial home visit and then re-enters care 12 months after having been discharged, would have actually been at home for 15 months.

Additional factors involving the nature of our foster care population have a serious impact on the percentage of children re-entering within 12 months. The chart below provides an analysis of the ages of children re-entering care within 12 months. The overwhelming number of youth re-entering the system are teenagers. Tennessee's foster care population includes both unruly (ungovernable) and delinquent youth. Unruly youth most often come into care as a result of court action initiated by parents and school systems. The behaviors that resulted in court action are long standing, and parents and schools take the drastic step of requesting court intervention because other interventions have not been successful. Upon placement in highly structured programs, most of these youth do reasonably well and are returned home reasonably soon. Unfortunately, the chronic behaviors that brought them to the attention of the court often return, and parents and schools again turn to the courts and request drastic intervention. The delinquent youth that enter Tennessee's system are the most serious delinquent offenders in the state. Even though these youth are placed in non-correctional settings (residential treatment, group homes, and family foster homes), they present a high risk for re-offending and re-entering the system after release.

Age of Children Re-Entering Care Within 12 Months of a Prior Episode



Evaluation and Summary of Findings

March 2001 AFCARS data indicate a significant improvement in the percentage of children having prior custody episodes. Those data indicate that only 5.3% of our entire population had experienced a prior custody episode within the past 18 months. Re-entry data on children with an adjudication of dependent/neglect had an even lower incidence of re-entry within 18 months. Re-entry rates within 18 months are significantly higher for unruly and delinquent youth.

The chronic behavioral patterns of the unruly and delinquent population that are part of our foster care population drive Tennessee's re-entry percentage higher. Also, the Tennessee code that mandates a 90-day trial home visit for all children leaving care may play a significant role in Tennessee's re-entry percentage. In 1996, when the mandatory trial home visit was initiated, the department was seriously understaffed and case management and other services for reunified families were almost non-existent. As the staffing improved, the department was able to at least provide case management and supervision for families during the 90-day trial home visits. The department's efforts to provide services and case management during the 90-day trial home visit enable families to deal with situations that might otherwise have resulted in a child re-entering care.

Until July of 2000, the department had little ability to provide services for families beyond the mandatory 90-day trial home visit. After the 90 days, families were left to their own means. In July of 2000 the state began its Family Support Services program (FSS). FSS is designed to assist "at risk" families either before a child comes into custody or after the reunification of a child with his/her family. FSS can provide services ranging from case management and advocacy for a family to intensive family preservation services. The program was initiated

originally in only 6 of the 12 regions. FSS was started in the remaining 6 regions in July of 2001. It is too early in the implementation of FSS to comment on its impact on children entering and returning to care, although initial feedback from the juvenile courts and communities has been very positive.

10. Length of Stay in Foster Care (Point-in-Time Data Element VII & Cohort Data Element VI). Using data element VI in the cohort data profile, discuss how length of stay in foster care for first-time foster care entries in the State compares with the national standard for this indicator (although this indicator is not used to determine substantial conformity). Examining the data on length of stay in both profiles, identify and discuss factors affecting length of stay in foster care and how the State is addressing the issues. If there are differences in the length of stay between children newly entering foster care in the State (cohort data) and the total population of children in care (permanency data), identify and discuss the reasons.

Data Description

The FY 1999 first-time entry cohort group in Tennessee has a median length of stay of 25.1 months. The FY 2000 first-time entry cohort group in Tennessee has a median length of stay of 14.6 months.

For all children who remained in care on the last day of FY 1999, there was a median length of stay in foster care of 13.6 months. For all children who remained in care on the last day of FY 2000, there was a median length of stay in foster care of 16.8 months. Based on preliminary analysis, for all children who remained in care on the last day of FY 2001, there was a median length of stay in foster care of 16.0 months.

Of all DCS children (including the juvenile justice population) exiting custody during state FY 2001, the discharge reasons are shown in the table below. Almost three-fourths of the children left custody to be reunified with their parents or primary caregiver or to live with relatives. Nearly 12% exited custody to emancipation, and 8% left to a finalized adoption.

Discharge Reason	Number of Children	Percent
Reunification with Parents or Primary Caretakers	4211	60.0%
Living with Other Relatives	993	14.1%
Adoption	564	8.0%
Emancipation	816	11.6%
Guardianship	15	0.2%
Transfer to Another Agency	83	1.2%
Runaway	70	1.0%
Death of Child	21	0.3%
Not Applicable	246	3.5%
Total	7019	100.0%

Evaluation and Summary of Findings

Tennessee recognizes and is addressing several factors that may have caused the state's average length of stay in foster care to be longer than necessary.

Prior to July 1999, there were only 16 DCS attorneys working in the field statewide to represent the child welfare and juvenile justice cases in the juvenile courts of all 95 Tennessee counties. Thirty-six (36) additional attorneys were added in July 1999, and another 12 in July 2000 (who primarily provide education-related legal work for custodial children but assist with other court actions). The 200% increase in the number of field attorneys has greatly increased the state's ability to utilize the legal system in helping children achieve permanency in a timely manner.

There has been a tremendous increase (231%) in the number of finalized DCS adoptions over the past five years, from 195 in FY 1997 to 646 in FY 2001. This increase can be attributed to the addition of the above-mentioned attorneys, the development of specialized adoption teams in each DCS geographic region during state FY 2001, a decrease in the caseloads of adoption case managers from over 37 to an average of 20 (during state FY 2001), the provision of advanced training during state FY 2001 for adoption staff on the issues of legal risk adoption and openness in adoption, and the establishment of tracking and review systems. Additionally, in 2000, DCS began contracting with licensed, child-placing agencies to provide adoption services to children meeting the special needs criteria.

Historically, Tennessee had a practice of placing children with significant needs out of state. These children had a variety of permanency goals, all of which were difficult to achieve due to the distance from their families, case management staff, and local resources. The decision was made to discontinue this practice and during 1995 and 1996, approximately 350 persistently mentally ill children were returned to Tennessee. Many of these children are included in the data profiles, and affect the median length of stay.

Tennessee does not currently have a subsidized guardianship program. Children who are in a long-term placement with a related foster family may remain in DCS legal custody in order for the family to receive necessary financial and case management support. Tennessee began three pilot Relative Caregiver programs during state FY 2001, and intends to continue to advocate for the support of relative caregivers for non-custodial children.

Finally, in practice, the focus of casework in Tennessee has not historically been the child's permanency, but rather the child's treatment and placement needs. Efforts to educate case management staff on the importance of permanency for children and to reinforce the supporting policies have increased since 2000. The pre-service training for new case managers has been increased from a three-week curriculum to eight weeks. Additionally, the National Resource Center for Foster Care and Permanency Planning assisted DCS in developing a two-day Permanency Planning training for all case management staff. A quarterly review is conducted on all cases involving children who have been in custody since October 1, 1998 or longer, with a focus on progress towards permanency. Permanency Support units have been created in each of the 12 DCS regions to assist case managers with cases involving children experiencing unacceptable delays in permanency (and children who are at risk for future permanency delays) and to teach and reinforce best practice standards. The DCS attorneys now review every permanency plan prior to submitting it to the court for approval or ratification. This has assisted in focusing on permanency goals and the services necessary to meet those goals. The attorneys also maintain their own custody logs that note all pertinent information regarding each

child in the county assigned to them, and thus they are able to closely follow the progress toward permanency.

11. Other Permanency Issues. Discuss any other issues of concern, not covered above or in the data, that affect the permanency outcomes for children and families served by the agency.

No other issues were identified.

C. CHILD AND FAMILY WELL-BEING

Outcome WB1: Families have enhanced capacity to provide for their children's needs.

Outcome WB2:Children receive appropriate services to meet their educational needs.

Outcome WB3:Children receive adequate services to meet their physical and mental health needs.

Based on any data the agency has available, please respond to the following questions.

1. Frequency of Contact Between Caseworkers and Children and their Families. Examine any data the State has available about the frequency of contacts between caseworkers and the children and families in their caseloads. Identify and discuss issues that affect the frequency of contacts and how the frequency of contacts affects the outcomes for children and families served by the State.

Program/Service Description

Tennessee has a detailed policy on the contact between case managers and children and youth as well as between case managers and birth families of children and youth in care, Foster Care Policy 16.38. The most recent policy revision was September of 2001. This revision took into consideration the recent consent decree in the *Brian A.* lawsuit and the recommendations of the Child Welfare League of America.

In general, the policy statement asserts that regular visitation must occur between DCS case managers and children in the custody of the department as frequently as is necessary to assure the child's adjustment to the placement, ensure the child is receiving appropriate treatment and services, and determine that the child's needs are being met and service goals are being implemented. If reunification is the permanency goal, regular visitation is also expected between case managers and the birth family. This visitation shall include in-home visits as well. The policy dictates that visitation is also required between DCS case managers and children and youths placed in contract agencies and in contract foster homes. The policy further outlines expectations of case managers' involvement and contact with birth families and offers guidelines for contact and visits.

Some of the provisions of the policy are outlined below.

Face-to-face visits with children in DCS family foster homes or other DCS residential facilities (These timeframes also apply to contact when the child remains in DCS legal custody but is placed at home, if they are not receiving support from a continuum provider.)

- Following a child's initial intake into foster care and placement in a DCS family foster home, the home county case manager shall conduct face-to-face visits with the child no fewer than six (6) times during the first eight (8) weeks the child is in care.
- During the second eight (8) weeks that a child is in care, the child shall be visited and seen face-to-face no less frequently than once every two (2) weeks.
- Following the initial sixteen (16) weeks of care, there shall be no fewer than two (2) face-to-face visits with the child each month.
- If a child moves to a new DCS placement at any time following their initial placement, the child shall be visited as if they were just entering care and shall be visited and seen face-to-face:
 - Six (6) times during the first eight (8) weeks of the new placement,
 - Once every two weeks for the second eight (8) weeks, and
 - Not less than two (2) times per month thereafter.
- The home county case manager shall have face-to-face contacts with the foster parents or agency staff as often as necessary, but no less than once each month.

Face-to-face visits and other required contacts when children are placed in a family foster home or facility operated by an agency other than DCS. (These timeframes also apply to contact when the child remains in DCS legal custody but is placed at home, if they are receiving support from a continuum provider.)

- The home county case manager shall have no less than one (1) face-to-face visit with the child each month.

Parent face-to-face visits and home visits

- Parents of children who have reunification as a sole permanency goal or as a concurrent permanency goal shall be visited face-to-face by the home county case manager as often as is needed, but no less often than once each month, to monitor the parents' progress toward completion of permanency plan goals.
- The home county case manager shall make a home visit to the parents home during the first thirty (30) days following a child's removal from the home and then no less often than once each three (3) months thereafter.

Evaluation and Summary

Currently it is difficult to assess the case managers' compliance with this policy. The state's reporting system is not structured to account for the different timeframes, the changes in placement, the different categories of contact, and the varying needs of children and youth that also influence need for and frequency of contact. Also the policy was only recently revised to include the differing timeframes etc. As the Quality Assurance division begins its work, our ability to monitor visits will greatly improve.

The availability of case managers to have contacts with children, youth and their families has greatly improved with the increased in number of case managers as a result of the CWLA recommendations and then the consent decree. With lower case loads it is more possible for case managers to make not only contact with children, youth and families but truly to address permanency planning goals and to work towards those very goals.

2. Educational Status of Children. Examine any data the State has available regarding the educational status of children in its care and placement responsibility. How does the State ensure that the educational needs of children are identified in assessments and case planning and that those needs are addressed through services?

Policy and Program Description

Children in the custody of the Department of Children's Services may fall into one of two educational systems, both of which function under the same state requirements governing standards and quality. Approximately 80% of children and youth in the custody of the department attend public schools under the jurisdiction of local school boards. The other 20% of children attend in-house schools affiliated with the placements where the children are residing. At some point these same children may also be mainstreamed to local, community schools. Fourteen of these in-house schools are managed by the Department of Children's Services. The Department of Children's Services (DCS) school system is comprised of four Youth Development Centers, nine Group Homes, and the Tennessee Preparatory School. All 14 schools follow Department of Education rules and regulations in terms of teacher certification, curriculum, graduation requirements, and other issues relating to the governance of schools. There are also approximately 70 contracted, in-house schools affiliated with the other residential placements for children in Tennessee. Currently the Department of Children's Services is working with these in-house schools to assure they also meet all the standards of the state Department of Education.

DCS has an educational division consisting of a director, a secretary, a procurement officer, and five educational consultants. The director and the educational consultants provide services and technical assistance to all DCS schools as well as to the contracted in-house schools. In addition, since August 2001, all 12 DCS regions in the state have hired one education specialist and one education attorney to advocate for DCS students in public schools and in the contracted in-house schools. The education specialists and attorneys train with and work closely with the DCS Education and DCS Legal divisions. Additionally, Department of Children's Services case managers are trained in working with the public school system to advocate for children and youths. Also foster parents are encouraged and expected to support and advocate for their children.

Children and youth entering the custody of the Department of Children's Services who will attend public school are assessed by the receiving school. If a change in schools occurs appropriate staffings are completed as based on school policy. Children and youth entering DCS in-house schools are evaluated by Assessment Teams and/or at Observation and Evaluation Centers before or upon entering custody. Students who are placed in Youth Development Centers are evaluated on a battery of assessments before entering the mainstream population. All of the assessments are designed to: 1) help determine student needs in dealing with issues that may have prompted placement in state custody, 2) assist in program planning and placement, and 3) assist in educational planning especially in the area of special education.

Each child or youth in the custody of the department of children's services has a permanency plan developed for or with him or her as appropriate. These plans fully outline all known educational issues and detail all interventions and responsible parties. All appropriate individuals, including school personnel, parents, foster parents, and the youth, are encouraged to participate in the development of the permanency plan. Additionally, youth over 18 may elect to continue to receive services voluntarily from the department assuming they are participating

in an educational plan involving either secondary, GED, or post-secondary education. These educational plans are outlined in the justification to continue to provide services to persons over 18 years of age and will soon be reflected in the department's new transitional living plan, a supplement to the permanency plan for youth 14 and older. For youth voluntarily receiving services, the same supports and advocacy are available from the department.

School records are reviewed for each student entering a DCS in-house school program. If evaluations are not current or if the assessment teams, IEP teams, or other DCS personnel feel that additional information is needed for educational or planning purposes, these evaluations are completed within state specified timelines. Once in school, parental consent is sought before evaluating students for special education services. Students in DCS schools and in contracted in-house schools are also entitled to all special education services and safeguards. DCS Education staff and the education specialists assist schools in providing these services. The Tennessee Department of Education monitors all DCS schools and contracted in-house schools on a cyclical schedule to ensure compliance with IDEA regulations.

Children and youth living in community-based foster homes (approximately 80% of children in foster care) generally attend public schools and receive the same educational services as other students. They are entitled to a free and appropriate public education (FAPE) including full special education services, if necessary, and the procedural safeguards guaranteed by IDEA. Public school programs are monitored by the State Department of Education.

Birth parents, unless rights are terminated, are given the opportunity and are encouraged to participate in educational decisions. Several groups (for example, Tennessee Association for Child Care, Tennessee Commission for Children and Youth) in the state serve as advocates for children in state custody. Case managers work cooperatively with DCS and local school systems to ensure that all students in state custody receive appropriate educational services. In addition, the aforementioned education specialists and education attorneys were hired as a result of a recent Brian A Settlement Agreement, and they advocate for students in custody as well. In special education situations, surrogate parents are trained and assigned according to the rules and regulations established by the Department of Education. Also, a DCS representative is required to attend IEP meetings for students in state custody. Foster parents may receive training to act as surrogate parents when the birth parents' educational rights have been terminated or when they are not in attendance. The department is in the process of developing an agreement with the Tennessee Department of Education to add the Surrogate Parent Training as a standard part of foster parent pre-service training so that all foster parents may serve as surrogate parents if the need arises.

Children's and youth's educational records are shared with foster parents and other caregivers in compliance with the Family Educational Rights and Privacy Act (FERPA). Foster parents are allowed access to educational records while the student lives in their home. Adoptive parents are given full access to educational records. For children and youth attending DCS or agency administered school programs, DCS is considered a local education agency or public school system and may receive records from other school systems as per system policy.

DCS has a formal Interagency Agreement that explains the responsibilities of seven different agencies in providing IDEA services to students in state custody. The Department of Education (DOE) is the lead agency in the agreement. DOE provides DCS staff and schools with training and technical assistance on a regular basis. DOE has also been involved in training the education specialists and education attorneys. The Division of Special Education within DOE has the responsibility of monitoring all DCS schools and contracted in-house schools to ensure

that they are in compliance with IDEA regulations. DOE institutes a school approval process by which all contracted in-house schools must comply in order to offer educational services to students in state custody.

DCS has an automated system (TN KIDS) which collects data related to the student's Local Education Agency of Origin, his/her current and past educational placement(s), his/her grade level, and his/her eligibility for special education services and the disability served.

Evaluation and Summary

A general assessment of the educational services provided to children and youths in the custody of the Department of Children's Services appears favorable. There are mechanisms built into the case planning process to assure that educational issues are addressed in the permanency planning process. Additionally there are efforts made to assure that children and youths receiving educational services outside the public system (living in residential facilities) have some consistency and standards in line with Tennessee Department of Education guidelines. Additionally, the state has further assured that children's educational needs are met by the addition of 12 education attorneys and 12 education specialists who are available to advocate for children, youths and families as needed. Additionally the state has a commitment to assisting youths exiting the formal system of foster care through advocacy, educational planning, and financial assistance as they enter post-secondary programs. It is not possible to complete a formal, aggregate assessment of the department's providing and advocating for the needs of children and youths with special education needs. The data system is currently being improved to allow for such tracking. However, on individual case assessments it appears that special education needs are documented and addressed in case planning.

3. Health Care for Children. Examine any data the State has available regarding the provision of health care, including Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), to children in its care and placement responsibility. How does the State ensure that the physical health and medical needs of children are identified in assessments and case planning activities and that those needs are addressed through services?

Policy and Program Description

Children in custody receive medical services through the state's Title XIX (Medicaid waiver) managed care program called TennCare. When children come into custody, the eligibility file is reviewed to determine if the child is on TennCare. If the child is not enrolled, the case manager or field representative takes an application to the county health department, or the DCS child welfare benefits worker enrolls the child. The goal is to have the child enrolled within three days of obtaining applicable information that permits enrollment. For those children who are not eligible (very rare cases), medical care is provided by the parent's private insurance or with state dollars set-aside in the department for those without TennCare.

TennCare contracts with a managed care organization, Blue Cross Blue Shield of Tennessee, to administer all EPSDT medical and preventive services to children in custody. When the child comes into custody, Blue Cross is notified after the TennCare enrollment process has been initiated. A form is sent to Blue Cross by the case manager or regional representative, and the selection of a primary care physician (PCP) is made at that time. Blue Cross returns the form,

verifying the PCP selection. The case manager or field representative then makes an appointment for an EPSDT screening.

DCS has an EPSDT policy that requires screenings within 30 days of the child entering custody, as well as an annual screen from the date of the previous screening. The policy defines what constitutes a screening, and what information should be taken to the provider, if known, to facilitate a comprehensive screening. Department policy also requires a dental exam annually for all children in custody who are three years old and above.

EPSDT screenings are obtained as soon as the PCP is determined or assigned by the MCO, unless there has been a current screening, which can be verified, and the results obtained. Appointments are made as soon as possible to meet the goal of having the screening completed within 30 days of the child's entry into custody. Blue Cross has informed its providers that if the child is in custody, and the form has been received by DCS verifying the PCP assignment, that the provider will be paid for the screening, regardless of whether the child has a Blue Cross Blue Shield TennCare card. This facilitates the appointment-making process while children are being enrolled.

The EPSDT screening is part of the assessment process for children entering custody. The pertinent findings of the screening are recorded on the child's permanency plan. Appropriate follow-up for treatment needs is documented in the child's case record.

ADVOCACY FOR NEEDED SERVICES

DCS has established a Health Advocacy unit in each of its 12 regions, which consist of a TennCare representative, a nurse, and a psychologist (part-time). This unit assists case managers with PCP assignment; lost ID cards; medical, dental or behavioral services; access to medications; interpretation of medical records and consultation; and coordination of medical care. Case managers may contact the TennCare representative for any concerns about PCP assignment, or for accessing any medical (or behavioral) services for children.

Foster parents, case managers, and out-of-home providers share the responsibility for coordinating medical care. They are responsible for communicating the known medical history to the PCP, and being available to answer questions and receive information from the provider about the screening. Case managers may contact the TennCare representative for any concerns about accessing any medical (or behavioral) services for children.

Health information about children in care is provided to foster parents and to agencies caring for children. They may contact the regional Health Advocacy nurse if they have questions about a child's medical background or current questions. Nurses provide consent for psychotropic medications, but foster parents and case managers may provide consent to providers for all routine care.

For children determined to be medically fragile, DCS contracts with foster parents directly, and also with agencies to train and provide assistance to foster parents to care for children with these special needs. The medically necessary TennCare services are provided by the MCO, and the other services are provided by the agency.

If there are any denied services under the managed care program, case managers are educated to appeal those denied services. In a continuing effort to improve access to medical and behavioral services for children in or at risk of custody, DCS implemented an Appeals

process that addresses TennCare services to be received through the MCOs (managed care organizations) or BHO (behavioral health organization).

Should the MCO or BHO delay or deny services, the case manager notifies the TennCare representative in the regional Health Advocacy unit who files an appeal with the Bureau of TennCare. The Solutions Team in the Bureau of TennCare may direct the MCO or BHO to provide the services. When this happens, the TennCare representative and case manager are notified, and arrangements are made to access the service.

If the service is not ordered to be provided, TennCare will notify DCS that a hearing regarding the denied service will be provided. DCS contracts with the Tennessee Association of Legal Services to represent children in custody at these hearings. In this way, children in custody receive a full range of advocacy services regarding their right to medical or behavioral services, from the appeals process to any administrative hearing that may be held to resolve coverage disputes to certain services.

Residential services provided by DCS can also be appealed under this appeals process. DCS provides all applicable parties a notice of the right to appeal at staffings, and also sends notices to an advocacy organization that reviews and appeals either sufficient services or timeliness of delivery of services.

A Consent Decree regarding the appeal rights of all TennCare enrollees was entered into between the state TennCare program and plaintiff TennCare enrollees represented by the Tennessee Justice Center. The Grier v. Wadley consent decree outlines procedures and ensures appeals rights, including those rights for children in the care of the department of children's services.

BEST PRACTICE NETWORK

The Managed Care entity, Blue Cross Blue Shield, in conjunction with the State of Tennessee Department of Health, and the Bureau of TennCare, has developed Best Practice Guidelines for EPSDT screenings and other primary medical services rendered by the child's PCP. The PCPs assigned to custody children by Blue Cross have agreed to see custody children. They are paid a special case management fee for their work with this population.

The PCPs assigned to serve custody children have been informed by Blue Cross that if they have questions about the child or do not have adequate information on the child, to contact the health advocacy nurse in the DCS region regarding the child.

DEVELOPMENT OF CENTERS OF EXCELLENCE

The TennCare program has contracted with the Vanderbilt University Departments of Psychiatry and Pediatrics to provide medical and behavioral health services for children in state custody, and has designated the program a Center of Excellence. The Vanderbilt Center of Excellence will provide services to children in the Middle Tennessee region. There will be four additional Centers of Excellence (COE) funded throughout the state. These COEs will assist the state in meeting federally required Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services for children under 21.

The Vanderbilt Medical Center COE will have several functions.

- Work very closely with the Tennessee Department of Children Services to assist case managers in their efforts to secure EPSDT related services;
- Provide education and training to DCS staff and the pediatric and mental health provider community regarding EPSDT services and best practice guidelines to improve outcomes;
- Consult with the provider community to assist in the diagnosis and treatment of children;
- Provide on-site case staffing assistance for the 4 DCS Middle Tennessee regions, helping to identify and resolve problems or obstacles in acquiring effective services;
- Assist the MCO and BHO in network development by helping to identify and recruit providers and providing monitoring information about the performance of providers;
- Provide tertiary care coordination for ordered services and assist in appointment coordination and medical record collection; and
- Provide a limited amount of direct services to children with complex cases (psychiatric and psychological evaluations and psychiatric medication management).

This is a new collaborative and the state of Tennessee hopes to further improve EPSDT services to children in and at risk of custody with this initiative.

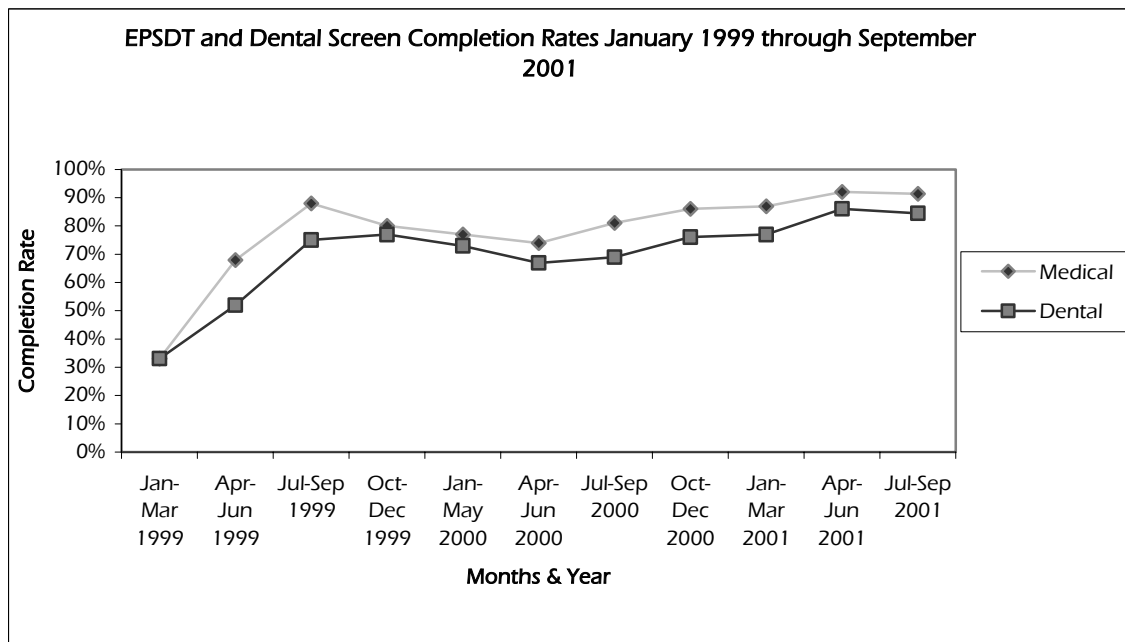
INTERAGENCY COORDINATION REGARDING EPSDT SERVICES

DCS has entered into two interagency agreements that further improve the coordination of care for children in custody. The first agreement is with the Bureau of TennCare and provides for coordination on health care advocacy issues. Further it provides for funding for residentially-based behavioral services discussed in the section on mental health services for children in care. In addition, the department has entered into an agreement with the Children's Health Initiative of the Department of Finance and Administration, the Department of Mental Health and Developmental Disabilities, the Bureau of TennCare, and the Department of Health to provide that the Children's Health Initiative will provide oversight on EPSDT services and may serve to resolve any disputes between agencies as to funding.

Data Description

Case managers record the EPSDT and dental screening dates in the TN KIDS file for the child. EPSDT screenings and dental exams for all children in custody are reported monthly. The department has tracked cumulative EPSDT and dental screening rates since the beginning of 1999.

As shown in the graph, only 33% of children in custody had a completed EPSDT screening in March 1999. By the end of the most recent quarter for which complete data are available, over 91% of children had the required health screening. Similarly, only one-third of children in custody eligible for a dental screening (children aged three years and older) had the screening in March 1999. By contrast, nearly 85% of eligible children had a dental screening by September 2001.



The department has also improved steadily in the percentage of children who receive the EPSDT screening within 30 days of entering custody. The completion rate has increased from 36% in September 1999 to 66% by September 2001.

The Policy, Planning and Research division generates a report monthly of when annual screenings will be due for children in care. Regional Health Advocacy nurses then send notices to case managers 60 days prior to when the annual EPSDT screening is due. Case managers are instructed to make appointments, with the goal of the appointments being set for 30 days prior to the date the screening is due. As a result of TennCare representatives assisting with any PCP assignments or delays, and the nurse reminding case managers of annual screenings or otherwise assisting with medical issues, the screening rates have greatly improved. In addition, improvements have occurred through the monthly tracking of completion rates and reporting back to the regions, as well as vigilant monitoring and ongoing technical assistance and support provided to the Health Units from central office.

Evaluation and Summary

The department has incorporated EPSDT screenings into its assessment process, and has developed sufficient mechanisms to ensure that children in care receive exams upon entry into care, and annually. The department has met this standard, as evidenced by the processes established to ensure access, and the supporting data, which reflects over 90% of children in care have received screenings.

4. Mental Health Care for Children. Examine any data the State has available regarding the mental health needs and status of children in its care and custody. How does the State ensure that the mental health needs of children are identified in assessments and case planning activities and that those needs are addressed through services?

Policy and Program Description

The State of Tennessee uses internal assessment tools, Department of Children Services' provided care, and the behavioral health component of TennCare to ensure that children in custody receive the needed mental health care. TennCare is the Tennessee's health insurance program for the Medicaid population, the uninsured, and the uninsurable.

The Tennessee Department of Children Services assesses each child entering state custody to determine the type of placement and medical/behavioral health needs of the child. According to department policy, these assessments are updated "accordingly at all relevant decision making points initially and throughout the life of the case." This assessment brings together various tools each of which contain elements focusing on the mental health needs of the children.

As explained in Outcome 3, Health Care for Children, it is DCS's policy that all children entering DCS custody receive their EPSDT screening, which contains a behavioral health component. A "best practice network" primary care provider, who has contractually agreed to be the "medical home" for custody children, conducts the screenings for children in state custody. TennCare has published a list of appropriate screening instruments for behavioral health. There will be training sessions on these screening instruments early in February 2002 as well as meetings held across the state. In addition, several meetings were held across the state in 2000 and Jan of 2001 on screening children for behavioral health needs during EPSDT screenings. The Primary Care Providers are currently responsible for the behavioral health component and TennCare Select auditors are completing file reviews to ensure that all seven components are being completed and documented.

A social history is also used during the assessment with information gathered by the case manager. This social history contains information on the presenting problem, historic problems, family issues, CPS investigations, home/neighborhood, health/development, education, mental health testing and services received by the child, and any employment history for the child. In addition to the EPSDT screening and the social history, three other assessments are completed depending on the child's circumstances. If the child entered custody through a child protection services investigation, a strength and risk assessment was completed during the investigation. When the child enters custody through a delinquency charge, a community risk assessment is performed and combined with other tools of the assessment. A family functioning assessment is also performed on children entering custody to determine the strengths and weaknesses of the family unit. These assessments are placed into a matrix along with the University of Tennessee's Shortform Assessment for Children to determine appropriate placement and the mental health needs of the child.

The University of Tennessee's Shortform Assessment for Children is used to gain an objective measure of a child's physical and psychosocial well-being. In this instrument a parent or primary caregiver and a teacher complete questionnaires concerning the child's behaviors. The questions are answered on a scale from 0-2 (0=not true to 2=very true or often true). The results are then processed to obtain one of three classifications for both internalizing behaviors and externalizing behaviors. The child can be determined to be non-clinical defined as not needing mental health services, at-risk of requiring professional intervention, or the child can be classified as clinical requiring professional intervention. These scores are then put into a matrix with the CPS assessment, the family assessment, and the community risk assessment. Any mental health need identified is treated either in a DCS facility, or through TennCare.

If a mental health service provided by the Behavioral Health Organization is denied, the same appeal process is followed as is described in Well-Being Outcome 3, Health Care for Children.

In addition to these measures to ensure that children in custody receive the appropriate mental health treatment. DCS employs a clinical psychologist or licensed clinical social worker in each region to provide support to our case managers in recognizing mental health issues. TennCare has also recently signed a contract amendment with their behavioral health organization managing the mental health system, to allow children in custody to access mental health case management.

Whenever anyone involved with the child believes that those involved should come together to discuss the child, a staffing occurs. At this staffing, the DCS case manager interviews the providers to determine what kind of mental health care is appropriate. From these staffings a plan is developed and forwarded to the Tennessee Consumer Advocates, a not-for-profit organization that contracts with DCS to provide advocacy for children in custody. If the mental health prescription described in plan is not followed, the Advocates appeal the denial or delay of service through TennCare appeals process.

Data Description

Currently neither TennCare nor the behavioral health organization, which manages the mental health care of TennCare members, provides specific information concerning the usage rate of mental health services for children in custody. Any data collected concerns overall usage rates or rates of usage for children in Tennessee. Throughout the year the Children's Program Outcome Review Team (CPORT) reviews cases at random in each of our twelve regions. It is evident from these reviews and from anecdotal evidence that we are experiencing difficulty in obtaining psychological evaluations and mental health services for children in custody.

DCS is currently working on new methods to expand and improve our ability to provide for the mental health needs of children in custody. We are currently working with TennCare information systems to ensure that TennCare can correctly reflect custody status for TennCare members. This should enable us to gather the appropriate data concerning the usage by children in custody of the behavioral health system.

Evaluation and Summary

Mental health needs are addressed for children in the state's custody through EPSDT screenings and staffings held to plan for the child's permanency. The Department of Children's Services currently does not have the ability to measure the effectiveness of these screenings. The department is currently looking at ways to evaluate our current screening process.

The department experiences chronic problems in attempting to find adequate services for young adults aged 18 years and older with mental retardation who remain in state custody. The department seeks to transition youth to adult services, and has been strengthening its independent living programs. However, a chronic shortage of community-based services, particularly services to support those with mental retardation, prevents transition, and often these youth stay within the department and voluntarily receive services. The department continues to educate and advocate with other state agencies regarding this concern.

TennCare, a different state agency, provides the treatment of identified behavioral health needs for children in custody. Our ability to gain access to treatment is directly tied to the behavioral health organizations compliance with their TennCare contracts.

As described in Outcome 3. Health Care for Children, the TennCare program is developing new collaborative partnerships with health and behavioral providers throughout the state through the Centers for Excellence. The first of five planned Centers has already been contracted with Vanderbilt University to provide services to children in middle Tennessee. The Department of Children's Service continues to pursue aggressively appropriate reforms within TennCare and is hopeful that new negotiations can address noted problems in order for children in state custody to be treated effectively.

5. Other Well-Being Issues. Discuss any other issues of concern, not covered above or in the data, that impact on the well-being outcomes for children and families served by the agency.

No other issues were identified.

SECTION V. STATE ASSESSMENT OF STRENGTHS AND NEEDS

Based on examination of the data in Section III and the narrative responses in Sections II & IV, the State review team should respond to the following questions.

1. What specific strengths of the agency's programs has the team identified?

The CFSR central office coordinating team conducted a brainstorming session to generate areas that represent strengths as well as areas needing improvement. The brainstormed items for strengths have been grouped into the seven categories listed below. As described in the systemic factors and data narrative section, many of the specific improvements have occurred during the past two to three years.

Staff

- Increase in staff (case managers and supervisors as well as attorneys)
- Addition of foster parent recruitment specialists
- Experienced level of leadership in field
- Quality of leadership
- Dedication and commitment of field staff

Training

- Improvements in pre-service and in-service training
- Revision of foster/adoptive parent training curriculum from MAPP to PATH
- New training division (e.g., its scope, focus on development)
- Training on trans-racial adoptions

Service Array/Program Resources

- Safety
 - New efforts to develop prevention services
 - Central intake for CPS to be implemented this year
- Permanency
 - New permanency support units in all regions
 - Chaffee Independent Living programs and inter-agency coordination of IL
 - New Relative caregiver and Family to Family programs to increase relative placements
 - Working cooperatively across state agencies on the Kinship Care pilot programs
 - Adoption recruitment and support
 - Adoption SWAT (See What Adoption Takes) teams that handle hardest-to-place children
 - Attorneys employed by DCS who are located in the regional offices with case managers
- Well-being
 - Establishment of the Quality Assurance division
 - Regional Health units and what they've accomplished to improve EPSDT completion rates
 - Development and implementation of strong treatment programs (e.g., sex offenders, alcohol and drugs, violent offenders) in residential services
 - Focus on improving education (e.g., through hiring of attorneys and educational specialists)

SACWIS and Information Technology

- Technological resources - statewide information system (TN KIDS), Help Desk, and Data Quality unit
- On-line access to all departmental policies
- Regular reporting of custodial data from TN KIDS
- Communication with the field through the weekly electronic newsletter (TN KIDS Today)

Agency Responsiveness to the Community

- Addressing misinformation through improved communications
- Improved foster parent support (e.g., through passage of the Foster Parent Bill of Rights, the Tennessee Foster Care Association statewide and local organizations)
- State agency/court/community cooperative effort to improve justice for children and parents (e.g., through the Administrative Office of the Court, TN Bar Association)

Systemic Integrity

- All children's services in one department
- Combination of statewide system and strong regionally-based programs
- How far we have come in the six years since creation of the department
- Relationship with CWLA and other national organizations to bring about systemic improvements
- Comprehensive assessment/monitoring by external partners provides information on strengths and needs
- Legislative support
- Obtaining additional funding to improve services availability and delivery
- Better communication to improve morale

Program Accomplishments

- Reduction in custody numbers, i.e., a steady decline since creation of the department
- Significant increases in adoptions
- Decrease in caseload size for custodial staff
- Process for internal review of policies in place
- Elimination of incorrect foster care payments through the ChipFins/call-in system
- Department has implemented stringent fiscal controls as well as programmatic improvements

2. What specific needs has the team identified that warrant further examination in the onsite review? Note which of these needs are the most critical to the outcomes under safety, permanency, and well-being for children and families in the State.

After the brainstorming session, the individual items related to areas needing improvement were grouped into seven categories. The individual team members then ranked the seven categories. Twenty team members provided ranking information. The areas for improvement are listed in order from the greatest to the lowest need.

Achieving Permanency

- Reduction in the length of stay in custody
- Achieving permanency for older children
- Quality of permanency planning process, primarily the staffing
- Lack of decision-making for permanency for kids in foster care system

Case Management Practice

- Frequency and quality of contact between case managers and families
- Ability to appropriately assess needs of clients
- Quality of case recordings
- Develop decision-making skills and performance of front-line supervisors

Staffing

- Ability to recruit and retain staff
- High rate of staff turnover and low salaries
- Lack of qualified candidates on some registers (civil service system)
- Fully staffed CPS Special Assist Team positions for adequate coverage

Training

- Lack of available training in the past creates a significant need
- Comprehensive, program-specific in-service training
- Cross-training of CPS/Foster Care/Adoption case managers to assist transition of cases (e.g., preservation of child's identity)

Access to Services/Resources

- Lack of specialized treatment for custodial children
- Identify and remove barriers to placements, especially with relatives
- Shortage of quality foster homes
- Ability to access mental health services for kids
- Difficulty in programming for chronic runaways

Agency Responsiveness to the Community

- Lack of inclusion of stakeholders we serve (especially children) in improving services
- Strengthen relationship with contract agency providers
- Bridge the gap of communication between DCS and contract agencies
- Improve/build on faith-based initiatives (agency-community relations)

SACWIS and Information for Decision-Making

- Length of time to identify business requirements and implement changes to the system
- SACWIS development to continue on schedule
- Good safety data
- Need outcome data
- Improved quality of CPS and adoption data

Juvenile Justice Programs

- Better integration of juvenile justice and other programs
- Further emphasis on permanency for juvenile justice children
- Lack of coordination and communication between the field and Youth Development Centers

Systemic Issues

- Improved coordination between custodial and non-custodial services
- Better ongoing internal communication and coordination
- Have a public relations plan and provide better information to the public

- Let improvements made within past three years stabilize and become institutionalized

3. Which three locations, e.g., counties or regions, in the State are most appropriate for examining the strengths and concerns noted above in the onsite review?

These will be determined after the February 19 conference call.

4. Comment on the statewide assessment process in terms of its usefulness to the State, involvement of the entire review team memberships, and recommendations for revision.

This section will be completed in the final draft.

5. List the names and affiliations of the individuals who participated in the development of the statewide assessment (please specify their role).

This section will be added in the final draft.

Child and Family Services Review 2002
Statewide Assessment

I. CHILD SAFETY PROFILE Tennessee	Calendar Year 1998						Calendar Year 1999						Calendar Year 2000					
	Reports	%	Duplic. Childn. ²	%	Unique Childn. ²	%	Reports	%	Duplic. Childn. ²	%	Unique Childn. ²	%	Reports	%	Duplic. Childn. ²	%	Unique Childn. ²	%
I. Total CA/N Reports Disposed ¹	NA		32,286				NA		33,629				35,805		51,917			
II. Disposition of CA/N Reports ³																		
Substantiated & Indicated	NA		9,930	30.8			NA		10,611	31.6			NA		16,572	31.9		
Unsubstantiated	NA		22,356	69.2			NA		23,018	68.4			NA		35,345	68.1		
Other																		
III. Child Cases Opened for Services ⁴			NA						NA						NA			
IV. Children Entering Care Based on CA/N Report ⁵			NA						NA						NA			
V. Child Fatalities ⁶					12						16						3	
STATEWIDE AGGREGATE DATA USED TO DETERMINE SUBSTANTIAL CONFORMITY																		
VI. Recurrence of Maltreatment ⁷																	127 of 4,490	2.8%
VII. Incidence of Child Abuse and/or Neglect in Foster Care ⁸ (for Jan-Sept)																	81 of 13,602	0.6%

FOOTNOTES TO DATA ELEMENTS IN CHILD SAFETY PROFILE

Each maltreatment allegation reported to NCANDS is associated with a disposition or finding that is used to derive the counts provided in this safety profile. The safety profile uses three categories. The various terms that are used in NCANDS reporting have been collapsed into these three groups.

Disposition Category	Safety Profile Disposition	NCANDS Disposition Codes Included
A	Substantiated or Indicated (Maltreatment Victim)	“Substantiated,” “Indicated,” and “Alternative Response Disposition Victim”
B	Unsubstantiated	“Unsubstantiated,” “Unsubstantiated, Other than Intentionally False Reporting” and “Unsubstantiated Due to Intentionally False Reporting”
C	Other	“Closed-No Finding,” “Alternative Response Disposition – Not a Victim,” “Other,” and “Unknown or Missing”

Alternative Response was added starting with the 2000 data year. The two categories of Unsubstantiated were added starting with the 2000 day year. In earlier years there was only the category of Unsubstantiated

1. The data element, “Total CA/N Reports Disposed,” is based on the reports received in the State that received a disposition in the reporting period under review. The number shown may include reports received during a previous year that received a disposition in the reporting year. Counts based on “reports,” “duplicated counts of children,” and “unique counts of children” are provided.
2. The duplicated count of children (report-child pairs) counts a child each time that (s)he was reported. The unique count of children counts a child only once during the reporting period, regardless of how many times the child was reported.
3. For the column labeled “Reports,” the data element, “Disposition of CA/N Reports,” is based on upon the highest disposition of any child who was the subject of an investigation in a particular report. For example, if a report investigated two children, and one child is found to be neglected and the other child found not to be maltreated, the report disposition will be substantiated (Group A). The disposition for each child is based on the specific finding related to the maltreatment(s). In other words, of the two children above, one is a victim and is counted under “substantiated” (Group A) and the other is not a victim and is counted under “unsubstantiated” (Group B). In determining the unique counts of children, the highest finding is given priority. If a child is found to be a victim in one report (Group A), but not a victim in a second report (Group B), the unique count of children includes the child only as a victim (Group A). The category of “other” (Group C) includes children whose report may have been “closed without a finding,” children for whom the allegation disposition is “unknown,” and other dispositions that a State is unable to code as substantiated, indicated, alternative response victim, or unsubstantiated.

4. The data element, “Child Cases Opened for Services,” is based on the number of victims (Group A) during the reporting period under review. “Opened for Services” refers to post-investigative services. The duplicated number counts each time a victim’s report is linked to on-going services; the unique number counts a victim only once regardless of the number of times services are linked to reports of substantiated maltreatment.
5. The data element, “Children Entering Care Based on CA/N Report,” is based on the number of victims (Group A) during the reporting period under review. The duplicated number counts each time a victim’s report is linked to a foster care removal date. The unique number counts a victim only once regardless of the number of removals that may be reported.
6. The data element “Child Fatalities” counts the number of children reported to NCANDS as having died as a result of child abuse and/or neglect. Depending upon State practice, this number may count only those children for whom a case record has been opened either prior to or after the death, or may include a number of children whose deaths have been investigated as possibly related to child maltreatment. For example, some States include neglected-related deaths such as those caused by motor vehicle or boating accidents, house fires or access to firearms, under certain circumstances. The percentage is based on a count of unique victims of maltreatment for the reporting period. The count also includes fatalities that have been reported on the Agency File, which collects non-child welfare information system data.
7. The data element, “Recurrence of Maltreatment,” is defined as follows: Of all children associated with a “substantiated,” “indicated,” or “alternative response victim” finding of maltreatment during the first six months of the reporting period, what percentage had another “substantiated,” “indicated,” or “alternative response victim” finding of maltreatment within a 6-month period. The number of victims during the first six month period and the number of these victims who were recurrent victims within six months are provided. This data element is used to determine, in part, the State’s substantial conformity with Safety Outcome #1.
8. The data element, “Incidence of Child Abuse and/or Neglect in Foster Care,” is defined as follows: Of all children who were served in foster care during the reporting period, what percentage were found to be victims of maltreatment. A child is counted as having been maltreated in foster care if the perpetrator of the maltreatment was identified as a foster parent or residential facility staff. Counts of children maltreated in foster care are derived from NCANDS, while counts of children placed in foster care are derived from AFCARS. The observation period for these measures is January-September because this is the reporting period jointly addressed by both NCANDS and AFCARS. For both measures, the number of children found to be maltreated in foster care and the percentage of all children in foster care are provided. This data element is used to determine, in part, the State’s substantial conformity with Safety Outcome #2.

Additional Footnotes

- A. TN did not provide any data for these items.

II. POINT-IN-TIME PERMANENCY PROFILE <i>Tennessee</i>	Federal FY 1998		Federal FY 1999		Federal FY 2000	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
I. Foster Care Population Flow						
Children in foster care on first day of year			8,296		9,034	
Admissions during year			5,968		5,480	
Discharges during year			3,481		4,370	
Children in care on last day of year			10,796		10,144	
Net change during year			+2,500		+1,110	
II. Placement Types for Children in Care						
Pre-Adoptive Homes			208	1.9	377	3.7
Foster Family Homes (Relative)			803	7.4	341	3.4
Foster Family Homes (Non-Relative)			3,957	36.7	4,418	43.6
Group Homes			1,560	14.4	882	8.7
Institutions			2,542	23.5	2,032	20.0
Supervised Independent Living			100	0.9	86	0.8
Runaway			501	4.6	685	6.8
Trial Home Visit			566	5.2	644	6.3
Missing Placement Information			187	1.7	467	4.6
Not Applicable (Placement in subsequent year)			372	3.4	212	2.1
III. Permanency Goals for Children in Care						
Reunification			7,451	69.0	5,572	54.9
Live with Other Relatives			442	4.1	401	4.0
Adoption			1,363	12.6	1,948	19.2
Long Term Foster Care			431	4.0	621	6.1
Emancipation			330	3.1	559	5.5
Guardianship			21	0.2	27	0.3
Case Plan Goal Not Established			709	6.6	167	1.6
Missing Goal Information			49	0.5	849	8.4

II. POINT-IN-TIME PERMANENCY PROFILE (continued) <i>Tennessee</i>	Federal FY 1998		Federal FY 1999		Federal FY 2000	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
IV. Number of Placement Settings in Current Placement						
One			4,728	43.8	3,247	32.0
Two			2,088	19.3	2,520	24.8
Three			1,187	11.0	1,462	14.4
Four			773	7.2	837	8.3
Five			535	5.0	536	5.3
Six or more			1,364	12.6	1,147	11.3
Missing placement settings			121	1.1	395	3.9
V. Number of Removal Episodes						
One			9,449	87.5	8,775	86.5
Two			1,158	10.7	1,226	12.1
Three			167	1.5	127	1.3
Four			22	0.2	14	0.1
Five			0	0	2	0.0
Six or more			0	0	0	0
Missing removal episodes			0	0	0	0
VI. Number of children in care 17 of the most recent 22 months² (percent based on cases with sufficient information for computation)			3,426	40.6	3849	47.3
	Number of Months		Number of Months		Number of Months	
VII. Median Length of Stay in Foster Care (of children in care on last day of FY)			13.6		16.8	

II. POINT-IN-TIME PERMANENCY PROFILE (continued) <i>Tennessee</i>	Federal FY 1998		Federal FY 1999		Federal FY 2000	
	# of Children Discharged	Median Months to Discharge	# of Children Discharged	Median Months to Discharge	# of Children Discharged	Median Months to Discharge
VIII. Length of Time to Achieve Perm. Goal						
Reunification/Relative Placement			2,222	9.7	3,121	9.3
Adoption			269	50.0	352	49.3
Guardianship			24	6.7	9	34.3
Other			544	21.7	697	24.3
Missing Discharge Reason			400	11.7	135	13.9
Missing Date of Latest Removal or Date Error ³			22	NA	56	NA
Statewide Aggregate Data Used in Determining Substantial Conformity	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
IX. Of all children who were reunified with their parents or caretakers at the time of discharge from foster care, what percentage was reunified in less than 12 months from the time of the latest removal for home? (4.1)			1,318	59.0	1,930	61.3
X. Of all children who exited care to a finalized adoption, what percentage exited care in less than 24 months from the time of the latest removal from home? (5.1)			44	16.3	37	10.5
XI. Of all children served who have been in foster care less than 12 months from the time of the latest removal from home, what percentage have had no more than two placement settings? (6.1)			4,909	72.9	3,869	61.1
XII. Of all children who entered care during the year, what percentage re-entered foster care within 12 months of a prior foster care episode? (4.2)		(% new entry)	554	9.3 (84% new entry)	551	10.1 (83% new entry)

III. PERMANENCY PROFILE FIRST-TIME ENTRY COHORT GROUP <i>Tennessee</i>	Federal FY 1998		Federal FY 1999		Federal FY 2000	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
I. Number of children entering care for the first time in cohort group (% = 1 st time entry of all entering within first 6 months)			2,359	84.2	2,224	82.5
II. Most Recent Placement Types						
Pre-Adoptive Homes			12	0.5	19	0.9
Foster Family Homes (Relative)			278	11.8	138	6.2
Foster Family Homes (Non-Relative)			717	30.4	630	28.3
Group Homes			409	17.3	270	12.1
Institutions			417	17.7	437	19.6
Supervised Independent Living			24	1.0	22	1.0
Runaway			108	4.6	141	6.3
Trial Home Visit			261	11.1	426	19.2
Missing Placement Information			55	2.3	91	4.1
Not Applicable (Placement in subsequent yr)			78	3.3	50	2.2
III. Most Recent Permanency Goal						
Reunification			1,967	83.4	1,631	73.3
Live with Other Relatives			66	2.8	102	4.6
Adoption			37	1.6	51	2.3
Long-Term Foster Care			10	0.4	15	0.7
Emancipation			38	1.6	77	3.5
Guardianship			3	0.1	1	0.0
Case Plan Goal Not Established			233	9.9	39	1.8
Missing Goal Information			5	0.2	308	13.8

III. PERMANENCY PROFILE FIRST-TIME ENTRY COHORT GROUP (Continued) <i>Tennessee</i>	Federal FY 1998		Federal FY 1999		Federal FY 2000	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
IV. Number of Placement Settings in Current Episode						
One			1,258	53.3	682	30.7
Two			504	21.4	623	28.0
Three			258	10.9	350	15.7
Four			114	4.8	210	9.4
Five			75	3.2	110	4.9
Six or more			110	4.7	163	7.3
Missing placement settings			40	1.7	86	3.9
V. Reason for Discharge						
Reunification/Relative Placement			437	77.3	704	89.9
Adoption			3	0.5	1	0.1
Guardianship			4	0.7	0	0
Other			40	7.1	48	6.1
Unknown (missing discharge reason or N/A)			81	14.3	30	3.8
	Number of Months		Number of Months		Number of Months	
VI. Median Length of Stay in Foster Care			25.1 ⁵		14.6 ⁶	

FOOTNOTES TO DATA ELEMENTS IN THE PERMANENCY PROFILE

¹The FY99, and FY 00 counts of children in care at the start of the year exclude 184 and 168 children, respectively. They were excluded to avoid counting them twice. That is, although they were actually in care on the first day, they also qualify as new entries because they left and re-entered again at some point during the same reporting period. To avoid counting them as both "in care on the first day" and "entries," the Children's Bureau selects only the most recent record. That means they get counted as "entries," not "in care on the first day." No FY98 data were available for this profile.

²We designated the indicator, 17 of the most recent 22 months, rather than the statutory time frame for initiating termination of parental rights proceedings at 15 of the most 22 months, since the AFCARS system cannot determine the date the child is considered to have entered foster care as defined in the regulation. We used the outside date for determining the date the child is considered to have entered foster care, which is 60 days from the actual removal date.

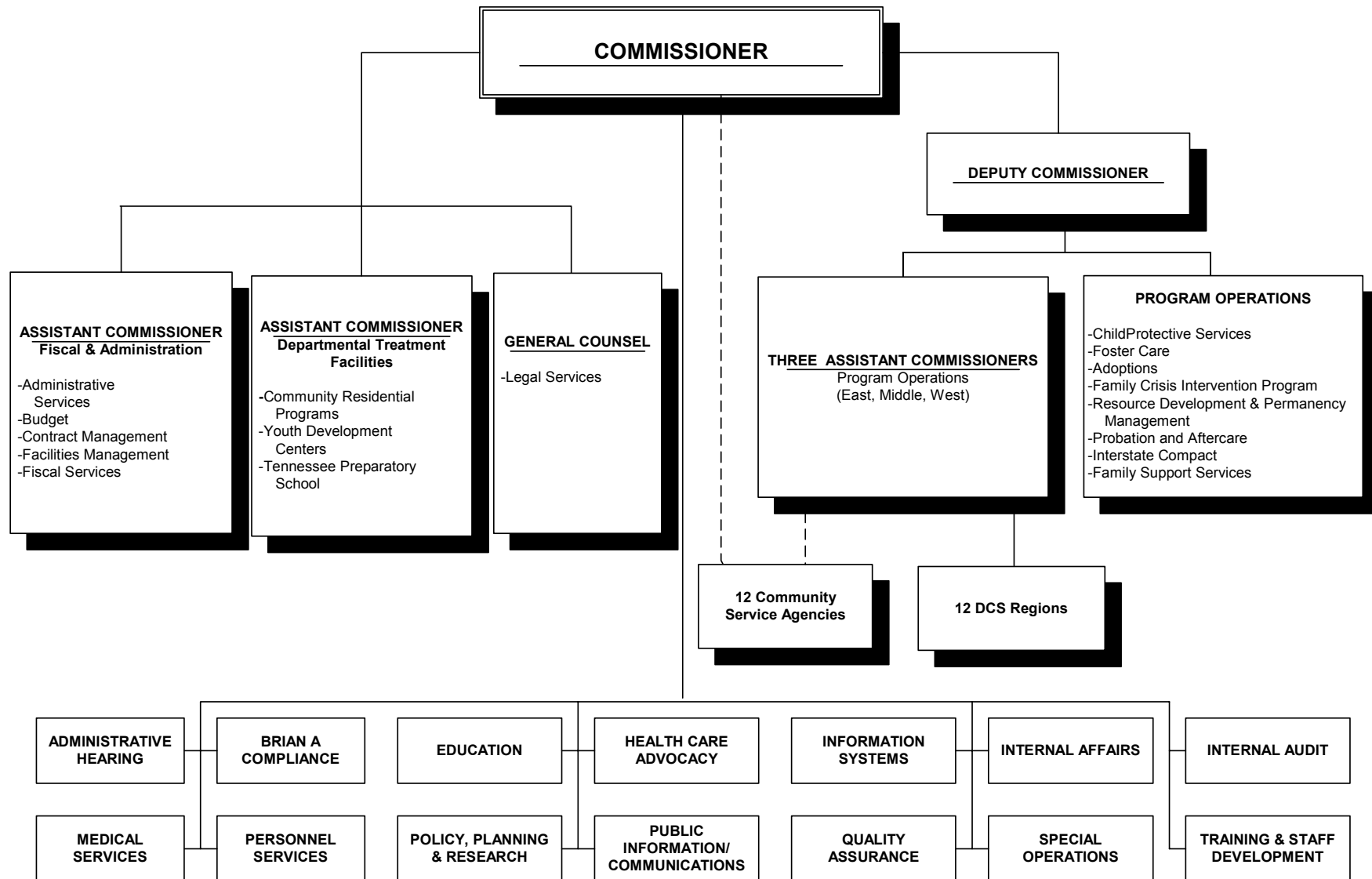
³Dates necessary for calculation of length of time in care in these records are chronologically incorrect. N/A = Not Applicable

⁴ There were no data submitted for FY98, so there are no First-Time Entry Cohort data for that year.

⁵ This First-Time Entry Cohort median length of stay is 25.1 months for FY99. This includes 4 children who entered and exited on the same day (they had a zero length of stay). If these children were excluded from the calculation, the FY00 median length of stay would be just slightly higher at 25.2 months.

⁶ This First-Time Entry Cohort median length of stay was 14.6 months for FY00. This included 19 children who entered and exited on the same day (they had a zero length of stay). If this child were excluded from the calculation, the FY00 median length of stay would be 15.4 months.

Department of Children's Services Organizational Chart



DEPARTMENT OF CHILDREN'S SERVICES REGIONAL MAP

